

&D

8 June 2002

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FROM EAR

TO EAR



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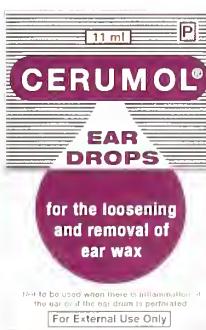
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P

CPP sets up a branch for Scotland

Order for LPS 'designations' published

Boots invests £170m in stores revamp

Sorting fact from fiction in sexual health





There are easier ways to clear a hayfever head

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CUTTING HAYFEVER DOWN TO SIZE

Beconase Hayfever Product Information:

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pregnancy and lactation, unless otherwise directed by a doctor. **Side effects:** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. **Hypersensitivity reactions:** Systemic effects may occur, particularly when used at high doses for prolonged periods. **Legal category:** P. **Retail selling price:** (ex VAT) 100 spray £5.10, 180 spray £7.65. **Product licence number:** 10949/0093. **Licence holder:** Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. Further information available on

request from Medical and Consumer Affairs GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS, UK. **of preparation:** March 2001. BECONASE HAYFEVER, ALLERGY ANSWERS logo, BECKY BECONASE character, CUTTING HAYFEVER DOWN TO SIZE are trademarks of GlaxoSmithKline Group of Companies.

References: 1. Weiner *et al*. BMJ 1998; 317: 1. 2. International Rhinitis Management Working Group. International consensus report on the diagnosis and management of Allergy 1994. 49(suppl 19): s1-s34.



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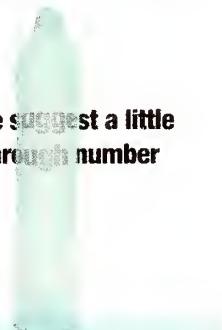
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Our sexual health round up starts with a look at Erectile Dysfunction and its treatments

CPP launched in Scotland

The College of Pharmacy Practice in Scotland was launched last week in Glasgow.

Dr Steven Kayne, chair of the new college, said the Coventry-based CPP had always enjoyed

considerable support from pharmacists in Scotland, who formed a third of its membership.

Setting up a branch to address the special interests of these pharmacists, following devolution,



CPP chair Dr Angela Alexander with Dr Steven Kayne, chair of the newly formed CPP in Scotland

was a logical step in its overall expansion programme.

The new body is to be referred to as the College of Pharmacy Practice in Scotland and not "of" Scotland, for there was no question of any "Declaration of Independence".

The CPPS will join other organisations in acting as a forum for consultation documents from the Scottish government departments, said Dr Kayne, and will be organising a full programme of day and evening events across the country.

The first will be on September 18 in Stirling, entitled *The Right Medicine: Research as part of CPD*.

The chairman of the College of Practice, Dr Angela Alexander, agreed there had been frustration in Scotland about a lack of events, but promised that "things would change very soon".

CPP chief executive Ian Simpson said the College will seek Royal status. He acknowledged the assistance of the Royal Pharmaceutical Society in Scotland in making the first step, an application for a coat of arms.

PRACTICE

Nurse prescribing 'dangerous'

The rate at which the Government is implementing nurse prescribing has been lambasted by a leading medical journal.

Richard Horton, editor of *The Lancet*, has described Government plans to have 30,000 nurse prescribers in place by 2004 as "dangerous".

"The rate at which nurse prescribing is being implemented holds grave dangers... the UK is embarking on a dangerous uncontrolled experiment," said Mr Horton.

He believes the Government may have ulterior motives. "Nurses are being manipulated under the guise of providing quicker and more efficient access to healthcare, to fill the gaps left by too few doctors," he said.

Mr Horton is concerned about the lack of knowledge among nurses and the danger this could present to patients.

He asked whether nurse prescribing will make any practical difference. He said that, in some cases, nurses "did not seem to improve preventive practice" as they "deviate from established practice guidelines".

The Royal Pharmaceutical Society does not share Mr Horton's views. Its head of practice, Nigel Graham, said the Society is supportive of extending the prescribing right to nurses, as long as the eligibility to prescribe is linked with competency.

For more information:

Lancet 2002; 359, 1875-76

POLICY

Antipsychotic guidance out

Newer (atypical) antipsychotics such as olanzapine or risperidone should be considered as first line treatment in newly diagnosed schizophrenics, the National Institute for Clinical Excellence announced this week.

Despite their higher price, NICE says the newer drugs have fewer side effects and are as effective as traditional drugs.

For more information:

www.nice.org.uk



CFS director Jim Gee signs the counter fraud charter, assisted by CFS colleague Chantal Ewart

Counter Fraud Research Unit to be set up

A new NHS Counter Fraud Research Unit is to be set up to train and educate staff.

Among its key aims will be to:

- monitor progress made by Counter Fraud Services in meeting its seven objectives
- develop a knowledge base for NHS counter fraud staff
- develop a focus on best practice in countering fraud
- promote the interface between counter fraud research, work, training and education
- provide a learning resource.

CFS director Jim Gee pointed out that a network of 500 professional counter fraud specialists has been created across the NHS over the past two years.

"With this network, we can

ensure that there is a high standard of vigilance about probity and thus help maintain public faith in public institutions," he said.

Mr Gee was speaking at the NHS counter fraud specialists' conference last Wednesday, at which a new Counter Fraud Charter was signed by representatives of professions working in the NHS.

Co-signatories included Royal Pharmaceutical Society president Marshall Davies and health minister Lord Hunt. He said: "This demonstration of forging strong relationships with others in the NHS shows how deep the commitment in the NHS is to tackling fraud."



The Leicestershire and Rutland branch of the Royal Pharmaceutical Society has funded a prize for the best final year project by a student at the local School of Pharmacy. Community and hospital pharmacists and members of the branch committee helped to judge 24 pharmacy practice posters at Leicester's De Montfort University. The first prize of £50 was awarded to Ravin Vishnu Kasaven. Amitkumar Dawda was awarded second prize

Editorial changes



New C&D acting editor Guy L'Aimable



New assistant editor Charles Gladwin

number of changes in the *C&D* editorial team take place this week. Editor Patrick Grice is being seconded to a development project for the *C&D Price List* and PIP Code, with the aim of developing and enhancing services to *C&D* subscribers and PIP Code users. For the secondment period Guy Aimable, currently assistant editor, will act as editor of *C&D*. Charles Gladwin becomes assistant editor. Both have been with *C&D* over six years and will ensure *C&D* maintains its high standards. *C&D*'s publishing directorergus Wilson said: "Changes within the NHS and the moves towards electronic prescribing provide opportunities to develop and enhance the PIP Code to ensure it remains a useful tool for pharmacists."

Order published for LPS pilots

The Statutory Instrument bringing in some of the legislation required for local pharmaceutical service pilots in England has been published.

In force since June 5, the Order defines what LPS means, what requirements are necessary for the designation of priority neighbourhoods or premises for LPS pilots, and the provision of financial assistance.

The regulations do not cover matters relating to the right to return to the pharmaceutical list on cessation of an LPS pilot, but the Department of Health has indicated that another statutory instrument will be issued soon.

The Pharmaceutical Services Negotiating Committee wrote to the Department at the end of April regarding the draft proposals and had a response from the DoH in early May acknowledging the comments.

It answered PSNC's queries over the draft SI, either giving explanations of the meaning of parts of the legislation, or saying

further regulations will be set out.

The closing date for applications for the first wave of LPS pilots is June 29. As draft orders have to be tabled for at least three weeks before becoming law, and no further draft regulations have been aired, it is likely that the DoH has passed the current set of regulations to allow initial planning.

LPS is defined as "services of a kind which may be provided under section 41 of the NHS Act 1977, or by virtue of section 41A[6] of that Act, other than practitioner dispensing services, and which are provided under a pilot scheme".

PSNC chief executive Sue Sharpe described this definition as "broad" and suggested that the more useful information is given in the guidance document published by the Department.

But it will be the set of regulations implementing various LPS elements that will be more useful for pharmacists – to see what is likely and possible within LPS – she suggested.

Lloyds sets up carers register

A national register of carers is being set up by Lloydspharmacy to identify those people who are not officially registered as carers.

Timed to coincide with Carers Week, June 10-16, registration leaflets will be available from all branches of Lloydspharmacy and the charity Carers UK.

The leaflet will contain information for carers about help and support available to them.

Ray Perry, social pharmacy manager at Lloydspharmacy, said: "Through this partnership with Carers UK we aim to identify carers and increase the recognition of the contribution they make to their local communities. Our pharmacists are well placed to not only provide health advice but also to signpost towards other practical support that these carers need."

A report commissioned by Carers UK estimated that carers saved the state an estimated £57.4 billion last year – the equivalent of a second NHS. There are nearly six million carers in the UK, including approximately 50,000 people under the age of 18 who are caring for parents or siblings.

For more information:
www.carersonline.org.uk

REGULATION

Mandatory CPD nears reality

The Royal Pharmaceutical Society is moving a step closer to mandatory continuing professional development.

This autumn the 5,000 pharmacists involved in the first phase of the CPD roll-out programme will receive a support pack and will be professionally obliged to keep records of their participation. The aim is the phased introduction of CPD as a formal requirement for all pharmacists who wish to practise.

Pharmacists taking part in the first phase include those who participated in the original CPD pilots, all pre-registration tutors, and pharmacists working in north-west England. The latter have been chosen because the infrastructure is already in place.

David who? Pharmacy gets ready for minister

David Lammy, the new minister taking over from Hazel Blears, is something of an enigma in the pharmacy world.

Portfolios were still being reshuffled as *C&D* went to press on Thursday, but several pharmacy bodies expected Mr Lammy to inherit pharmacy services as parliamentary undersecretary for health responsible for "emergency care and public involvement". The Department of Health thought ministerial responsibilities would not be finalised until after this weekend.

A barrister, Mr Lammy's background as a politician has been in education, arts and culture (*C&D*, June 1, p4). He was elected to Parliament in a June 2000 by-election following Bernie Grant's death.

As a young male (he was born in 1972) he is unlikely to be a frequent pharmacy customer, but there are plans to quickly acquaint him with the profession.

The Royal Pharmaceutical Society will ask for an early meeting, said public affairs director Beverley Parkin. The Society will also keep in touch with Hazel Blears in her new role as minister for public health.

Sue Sharpe, chief executive, Pharmaceutical Services Negotiating Committee, said: "We're sorry to lose Hazel Blears, especially when she spent such a lot of time finding out about community pharmacy. But David Lammy comes with a strong reputation as a very able politician."

Pharmacy politician Ashwin Tanna, who stood against the new minister in the Tottenham by-election, knew little about him other than that he was a "flamboyant" character. "My only concern is his age. What experience does someone that young have?" asked Mr Tanna.

But his intelligence is not in doubt and he is regarded in parliament as a "high flyer".

Mr Lammy said in a press statement: "Representing Tottenham, I know how vital the NHS is to the community. I know the challenges NHS staff face and how vital it is that the health service continues to improve."

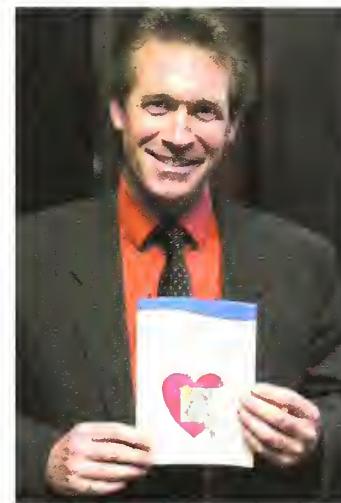
Moss Pharmacy launches Family Health campaign

Moss Pharmacy has conducted a survey into the public's attitude to primary care services and self care to coincide with the launch of its Family Health Campaign.

The survey of 1,000 people found that 58 per cent are not afraid of suffering from heart disease, while 48 per cent reported they were not worried about suffering from cancer. A similar number of parents said they were not concerned about their child contracting meningitis.

In terms of accessing healthcare, 62 per cent of respondents said they would most likely turn to a family member first rather than their GP for healthcare advice. Just over half (52 per cent) said their pharmacist gave good advice, but only 41 per cent considered their local pharmacist an important source of information.

"Alternative practitioners were



Television doctor Dr Hilary Jones has helped Moss Pharmacy launch its Family Health Campaign

rated most poorly," said Moss.

Problems identified in accessing healthcare were that people felt

they had to wait for GPs, A&E specialists and were concerned about poor quality of service and lack of information. Misdiagnosis and unsympathetic attitudes were also frequently cited.

Moss is using the data to set up an ongoing health awareness campaign which will run through its larger pharmacies. It will target the UK's common ailments, highlighting different topics every couple of months.

The campaign has kicked off with an information pack about everyday ailments. Future campaigns target allergies in July and coughs and colds in October, with next year's topics including smoking cessation, sexual health, sun care and healthy hearts.

The health pack, sponsored by Pfizer Consumer Healthcare, includes a family form for vaccination records. A helpline has been set up on 020 7761 1700.

Boots calls for advice to back testing

Community pharmacists carrying out diagnostic testing must explain the test results so that patients can "truly benefit", says Boots The Chemists.

The benefit of a diagnostic test is in proportion to lifestyle changes a patient may undertake as a result of the counselling they

receive, said Andrew Bellingham, Boots' project manager in healthcare development, at last week's British In-Vitro Diagnostic Association conference in London.

Boots' research suggests there is a strong demand for diagnostic testing and that the public is

increasingly expecting this service from community pharmacies.

Boots found that:

- 65 per cent of customers would like their cholesterol measured
- 48 per cent would like their B measured
- 37 per cent want help to manage their weight

Question time

in association with

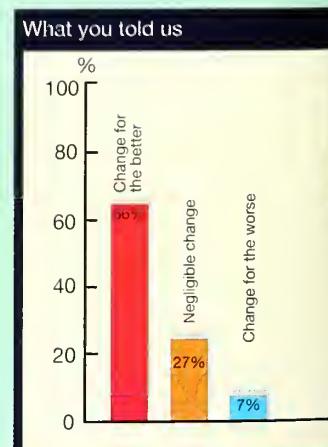


Last week we asked you: How do you think human rights legislation and proposals to change professional self-regulation will affect Statutory Committee proceedings? You replied (see right):

This week's question: How far do you think England will get in the World Cup?

- Bottom of Group F
- Lame duck in the "knockout round"
- Loser in the quarter finals
- Outplayed in the semi-finals
- Robbed of victory in the final
- Winner

You can record your vote on our website: www.dotpharmacy.com Question Time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated. You have until noon on June 12 to cast your vote. We will publish the results in *C&D*, June 15.





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exclusive to
harmacies. With 14 tablets
instead of 7, it's more



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a blow for hayfever.

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S: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
AGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10 mg
Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or
once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek
Relief: Adults and Children aged 12 years and over: 10mg once daily.
TRAINICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy
action. **DRUG INTERACTIONS:** To date there are no known interactions. As
other antihistamines avoid excessive alcohol consumption.
EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry

mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: Zirtek Allergy: Pack of 14 tablets = £7.95 Retail. Zirtek Allergy
Relief: Pack of 7 tablets = £4.45 Retail.

LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL

MARKETING AUTHORITY NUMBER: PL 08972/0032

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH

FOR FURTHER INFORMATION PLEASE CONTACT: UCB Pharma Limited, UCB
House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811
Facsimile (01923) 229002.

DATE OF PREPARATION: April 2002

UCB-ZAR-02-109

Viscotears Liquid Gel® Combined Abridged Prescribing Information **Présentation:** Either as sterile preservative free single dose (SDU) of colourless liquid gel, containing 2.0mg/g carbomer. Or as sterile colourless liquid gel, containing 2.0mg/g Carbomer and preservative 0.1mg/cetrimide. **Uses:** Tear fluid substitute for the management of dry eye conditions and for unstable tear film. **Dosage and Administration:** *Adults and Elderly:* One drop 3-4 times daily or as required depending on the severity of the disease. *Children:* Use is at the responsibility of the physician. **Contra-indications:** Patients with known hypersensitivity to one of the components of

the gel. **Precautions:** Contact lenses should not be worn during instillation. Wait at least 30 minutes after instillation before reinserting lenses. **Side effects:** Occasionally mild, transient burning sensation, sticky eye lid, blurred vision after instillation. **Drug interactions:** In case of any additional local treatment (e.g. glaucoma therapy) there should be an application interval of at least 5 minutes between the two medications. Viscotears should always be the last medication instilled. **Pregnancy and lactation:** Administration not recommended except for compelling reasons. **Product Licence Numbers:** 8685/0032 (SDU), 8685/0009 (10g pack). **Product Licence Holder:** CIBA

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long-lasting relief from dry eyes



TATUTORIAL COMMITTEE

Struck off for stealing drugs

Whetstone, North London pharmacist who stole drugs from the pharmacy where he worked was ordered to be struck off on May 23.

Police believe Richard Conway only kept his part-time job for easy access to drugs.

He did not appear before the Royal Pharmaceutical Society's Statutory Committee, which ordered his name to be removed from the Register after hearing that Mr Conway was given a 100-

hour community punishment order, fined £50 and ordered to pay £135 compensation by Hendon Magistrates on September 7 last year.

He was trapped when police planted a marked box of Dexedrine tablets in the locked Controlled Drugs cabinet of Oakleigh Pharmacy in Whetstone.

Mr Conway pleaded guilty to stealing eight Dexedrine, 176 diazepam, 146 pseudoephedrine and 28 propanol tablets from the

pharmacy on June 21 last year. He also pleaded guilty to stealing 16 fluoxetine, 23 Pro-plus, 23 propranolol, 48 diazepam, 30 Ritalin tablets and a box of atenolol on or before June 21, and stealing a further 170 Ritalin and 437 Equasym from the pharmacy.

Geoff Hudson, representing the Society, told the hearing that a police inspection at the pharmacy on June 7 revealed a shortfall of 118 Dexedrine tablets.

The police and the owner

agreed to plant a box of Dexedrine in the cabinet which disappeared following Mr Conway's late shift and on June 21 he was followed home by police after a second box of Dexedrine, invisibly marked, again vanished.

When confronted, Mr Conway, who only worked two shifts per week at the pharmacy, admitted stealing drugs from work.

Mr Conway has three months to appeal.

TATUTORIAL COMMITTEE

Misconduct ended pharmacist's career

Pharmacist John Gould warned of an el-Qaeda attack on London which would target Whitehall and the Royal Pharmaceutical Society building in Lambeth.

The warnings came first in Christmas and Valentine's Day cards, sent to a senior official at the Society involved in an investigation of drugs misuse by the pharmacist, which on April 24 led to him being ordered to be struck off the Register.

In October last year Mr Gould, then of Mary Park Gardens, Bishop's Stortford, Herts, was found guilty of a series of allegations of self-prescribing or making emergency supplies for himself while working as a locum between December 1998 and April 2001.

They included times while he had been employed by Boots at Stansted Airport and at pharmacies in Ware, Brackley,

Norwich, Caister-on-Sea, Baldock, Gt Yarmouth and Thorley.

At the October hearing the Statutory Committee of the Society decided to defer a final decision on Mr Gould's registration until this year to give him time to take further legal advice.

Committee chairman Lord Fraser of Carmylie QC explained at the April hearing that in the interim Mr Gould, who was now undergoing psychiatric treatment at a clinic in Brisbane, Australia, had since sent the cards to Jill Hutchinson, a Society official.

Solicitor for Mr Gould, Michael Casson, explained that Mr Gould had no intention of returning to practice as a pharmacist, but still wanted to retain his registration.

He was continuing to receive treatment in Australia and with

the support of his family, appeared to be recovering.

The committee decided to remove the pharmacist's name from the Register. "At the time of the offences Mr Gould had a poly-substance dependency," said Lord Fraser.

When the Committee had heard evidence from Mr Gould last year they were worried about his refusal to accept the consequences and the seriousness of his misconduct.

"He seemed to regard this committee and other public bodies as 'lesser human beings,'" Lord Fraser added.

It was for that reason and the need to protect the public that the final decision to remove his name from the Register had been taken.

Mr Gould has three months in which to appeal against the decision.

'Solve your drink problem'

A Nottingham pharmacist must prove that he has overcome his drink problem if he is to be allowed to continue in practice.

The Statutory Committee of the Royal Pharmaceutical Society adjourned the case on April 22 against Matthew Richard Jacques of Woodthorpe, Nottinghamshire, because it was not satisfied that he had "fully understood the extent and seriousness of his problem".

During the coming year Mr Jacques has been advised to seek further expert help and reappear before the Committee with references and reports showing that he has overcome the problem.

The Committee was told how Mr Jacques had been fined last year and banned for two years after admitting drink driving.

It was not the first time that his drink problem had been uncovered, Geoffrey Hudson, for the Society, said. Concerns had also been raised while he had been working at Leicester General Hospital in the spring of 2000 and had taken a number of days off, claiming to be sick. Further investigation showed the absences were due to excessive drinking.

Mr Jacques's counsel, Julie O'Malley, said that he had since been working on a locum basis in community pharmacies. He had undergone counselling and cut down dramatically on his drinking.

Questioned by Lord Fraser of Carmylie QC, Mr Jacques said he had only sought advice locally and had not consulted the Society's Pharmacists Health Support Scheme.

TATUTORIAL COMMITTEE

Powerful tranquillisers were stolen

Pharmacist stole powerful tranquillisers, the Statutory Committee was told on May 21. Police searched Neil Henderson's Devon home and seized medicines, including a bottle of temazepam elixir, after a tip-off from his employers.

The pharmacist, of Bideford, was employed as a locum by Lloydspharmacy in Devon, Somerset and Cornwall.

Geoffrey Hudson, for the Royal Pharmaceutical Society, told the Committee that Mr Henderson was working at Lloydspharmacy at Taunton Road, Bridgewater, on

July 22, 2000 and his supervisor, suspecting the pharmacist was stealing drugs, reported him to police who searched his home on August 3.

No drugs from the Bridgewater branch were found but officers seized temazepam, plus Lamisil tablets which Mr Henderson had taken home from Lloydspharmacy in Bude.

Mr Henderson was arrested when giving himself up at Barnstaple Police Station on November 3, where he admitted taking the drugs home, initially claiming he had forgotten they

were still there. He was formerly cautioned on January 10 last year for stealing the drug.

Mr Henderson appeared before the Committee 10 years ago after being convicted of drink driving plus alcohol-fuelled criminal damage. He was removed from the Register for three years, returning in 1994. He remains a member of Alcoholics Anonymous.

The case was adjourned until the autumn. Reports were ordered from Mr Henderson's GP and an addiction expert. He must not work until the case is resolved.

Flexiscript and Transcript launch ETP pilot schemes

Rival electronic transfer of prescription consortia – Flexiscript and TranScript – have begun their pilots.

Flexiscript, whose members include Boots The Chemists, National Co-operative Chemists and recent recruit UniChem, favours the pull model for transferring scripts. Encrypted script information is sent from the surgery to a secure exchange, instead of to a pre-determined pharmacy. The patient picks the pharmacy to dispense the script and the pharmacist uses a unique script code to call up the relevant information and dispense the medicine.

Under Flexiscript's pilot,

scripts have been sent from the Thomas Walker Surgery in Peterborough, dispensed at the Thomas Walker Pharmacy and sent to the Prescription Pricing Authority to be processed.

The pilot will be rolled out further over the next couple of months and around 22 surgeries and 30 pharmacies will eventually be involved.

Flexiscript's pilot will run for six months.

TransScript's members include PharMed and British Telecommunications and it has begun its pilot with two unnamed pharmacies and a GP surgery in the East Hampshire Primary Care Trust area.

Its system partly involves issuing digitally signed, barcoded scripts to patients who need acute prescriptions, or repeat medication. The patient can choose the pharmacy to process the script and the pharmacy's system 'reads' the script and dispenses the medicine.

Diane Drew, TranScript's communications manager, said the consortium's system was sending out scripts "under some constraints because of the limitations of the digital signatures".

The pilot will roll out to involve 12 pharmacies and 10 surgeries.

Pharmacy2U was the first ETP consortium to go live in April.

Boots to spend £170m on stores revamp

The Boots Company is to invest £170m in a large-scale store refurbishment programme.

Boots' chief executive, Steve Russell, said: "We have under-invested in our small to medium size stores." The aim is to refit 300 stores by March 2003.

The company will focus on six formats:

- experience stores: around 50 branches, each more than 2,000sq m, which will offer the full range of products and services
- destination stores: 200 slightly smaller stores (1,500sq m) stocking premium cosmetics, health and beauty products and some of the more popular services
- local destinations: 400 branches located in small market towns with tighter catchment areas, which are unlikely to have any of the additional services
- healthcare oriented local chemists
- stores near workplaces
- edge-of-town one stop outlets.

Successful elements of existing formats, such as the carousel dispensary, skincare departments, product beacons and the open sale of cosmetics are likely to be rolled out further.

While Boots does not want to add to its existing 1,450 stores, Mr Russell hinted that some smaller local pharmacies may be relocated into Sainsbury's branches.

He said if Boots went ahead



Boots, like other major retailers, is brightening up its stores

with a significant number of Sainsbury implants, this was bound to have an impact on the number of smaller stores.

Boots reaffirmed its commitment to additional services, even if the division was still loss-making and recorded a deficit of £33.1m.

Boots' sales rose only 2 per cent to £5.3 billion, and its pre-tax profits after exceptional were up 21 per cent to £595.8m.

BTC's sales grew 2 per cent to £4.1 billion and its pre-tax profit rose 5 per cent to £629m. Health and beauty sales grew nearly 5 per cent.

The measures taken to cut costs at Boots Retail International – particularly the refocusing on

concessions rather than operating its own stores abroad – have cut its losses by nearly half to £35.3m (2001: £66.8m) on a turnover of £40.3m.

Boots' internet ventures – bootsphoto.com and digital wellbeing remained loss making, with a deficit of £6.9m and £16.9m respectively.

Meanwhile, BTC's managing director, Ken Piggott, does not expect it to be affected by the potential abolition of control of entry regulations. He pointed out that BTC had stores which had been unable to secure an NHS contract. But he added that the end of contract limitation would also open up opportunities for its competitors.

MULTIPLES

Munro to open 'Super-Pharmacy'

Munro Pharmacy is to open a "SuperPharmacy" on June 8 which will include a drive-through.

The company is the first in Scotland to offer the drive-through pharmacy option, which was built with the help of funds from the Scottish Executive's Primary Care Modernisation Fund (C&D February 16, p10).

Its new pharmacy is in East Kilbride, near Glasgow, and will offer 10 different healthcare practitioners, including audiologists, chiropodists, spinal therapists and continence nurse

Other facilities include a mobility and independent living aids shop, which also offers a range of specialist clothes from Wearable Clothing. The pharmacy will also provide consultation and meeting facilities for a variety of NHS work and LHCC nurses.

Munro Pharmacy is talking to other healthcare providers, such as multiple sclerosis nurses, to hold clinics from the new premises.

SURVEY

Pharmacists sales held up in May

Pharmacists have bucked the trend by performing better than most other retailers in May, according to the Confederation of British Industry's distributive trades survey.

A balance of 25 per cent of pharmacists reported higher sales in May (the percentage reporting an increase was compared with those who saw lower sales). This was up a fraction on April.

Most other retailers, however, saw their sales growth slow down. While the expansion rate remained robust, the retail scene is not booming, according to the CBI.

Overall, 25 per cent of firms said their sales were up, compared with 57 per cent in April.

But retailers remain optimistic about the future – 30 per cent expect their situation to improve over the next six months, while 57 per cent say it will remain stable.

ONE RASH DECISION YOU WON'T REGRET



When it comes to treating sweat rash, you can't choose a more effective answer than Canesten Hydrocortisone. That's why it's the number 1 pharmacy recommendation for sweat rash.¹

Nothing is more reliable for rapidly soothing irritated, inflamed skin and clearing the fungal infection at the source of the problem.² Canesten Hydrocortisone makes common sense for sweat rash.

Product Information for Canesten Hydrocortisone. Canesten Hydrocortisone cream contains 1% clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where stinging symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than 10 days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin lesions. **Warnings and Precautions:** Long-term continuous therapy on extensive areas of skin should

be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Cost:** £4.79. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000.

References: 1. IMS Health – Self Medication UK Feb 2000. 2. Liszkay M, Mohr CP. Haut 1995; 7: 1-10.

® REGISTERED TRADEMARK OF BAYER AG. BAYER AND  ARE TRADEMARKS OF BAYER AG.

Canesten® Can

INDUSTRY

Bayer cuts an extra 1,300 jobs

Bayer AG is to axe another 1,300 jobs in its global pharmaceutical division, with 150 redundancies thought to be in the UK and Ireland.

This is on top of the 1,300 job losses announced last year in the wake of the withdrawal of Lipobay (C&D September 29, 2001, p10). Bayer has a global workforce of around 120,000, with 2,000 based in the UK and Ireland.

The sales force, support services and head office staff will be most affected by the job losses, which are part of a €400 million cost saving initiative.

Other measures include the divestment of Bayer's generics businesses in France and Spain; reorganisation of the US pharmaceutical sales and marketing force and an increased presence in the men's health and anti-infectives markets.

"These steps will help us realign our business and put Pharma back on a firm basis," said general manager of the pharmaceutical division, Dr Wolfgang Plischke.

Coming Events

JUNE 13

NICPPET,

Advanced Clinical Practice: coronary heart disease,
The Fitzwilliam International Hotel, Antrim, 10am to 5pm.

JUNE 18

NICPPET,

Treating skin conditions,
The Fitzwilliam International Hotel, Antrim, 10am to 5pm.

ONLINE

UK website selling Viagra

The Medicines Control Agency is investigating a UK-based online pharmacy selling Viagra without prescription to British customers.

The website, myviagra.co.uk, offers a next-day delivery service through Royal Mail Special Delivery. Its home page boasts that the Viagra orders are dispensed from "...a reputable pharmacy based in the UK".

Customers are asked to fill in an online form that includes a health questionnaire with yes/no questions about whether the customer is taking any nitrate medication, has any cardiovascular problems, or is suffering from very low blood pressure.

There are also nine questions – already ticked "I agree" by the

website – that range from certifying the customer is over 18 to confirming that he takes full responsibility for telling his GP about the drug.

Customers are also asked to read a lengthy "waiver of liability" which includes a clause that they accept the risk of "...substantial and serious harm and/or complications, even to the loss of bodily functions and/or life itself from taking the products".

The prices range from £69 for 4x50mg to £430 for 32x100mg.

Customers wanting to contact the website are given a UK address: 155 Regents Park Road, London NW1 8BB.

When C&D contacted the website, a man calling himself Graham defended its practice of

not asking for prescriptions. He said the website had doctors who could answer customers' queries.

When asked how the GPs could offer face-to-face consultations they were answering questions online, Graham asked C&D to email its questions. We did, but has not replied.

The MCA remains concerned about the availability of prescription-only medicines over the internet. It has had some success, however, in working with European and other international regulatory authorities to persuade companies to amend their websites to reflect UK law.

Companies or employees who refuse to comply with the law can be fined an unlimited amount and be sent to jail for up to two years.

SURVEY

Consumers wouldn't trust drug firm ads

Only 25 per cent of consumers believe prescription drug companies would give unbiased and comprehensive information if allowed to advertise, says a survey.

The Consumers Association poll, which aimed to gauge how far the public would trust such advertisements, also concluded:

- half of consumers feel the drug companies would try to convince them that they have illnesses they don't really have
- 81 per cent feel companies would focus their advertising budget on drugs that offered the biggest profit
- drug companies were the least trustworthy sources for information about medicines,

when compared with pharmacists, GPs, hospital doctors, NHS Direct, patient or voluntary group (local or national), and the internet

- more than half the respondents felt the companies might not give information about the possible side effects of the drugs being advertised

The CA's survey, released this week, was timed to coincide with a debate in the European Parliament about proposals to relax the ban on direct-to-consumer advertising of prescription drugs.

The CA said its survey sent "...a clear message to the UK Government and the European Parliament – the moves to relax

the laws governing advertising of prescription drugs must be stopped immediately".

The Association of the British Pharmaceutical Industry said its members were strictly regulated and would never give out information that was not backed scientifically. It stressed, however, that its aim was to provide more information about drugs – not to advertise them.

"I'm surprised the Consumers Association wants to restrict the information available and consumers' rights to choose for themselves," said an ABPI spokesman.

The survey involved 1,818 adults representing a cross-section of the British population.

Remember that Solpadeine is the
biggest-selling
pharmacy-only pain reliever in the UK¹

When it comes to powerful pain relief, people trust Solpadeine². And when it comes to making a recommendation with confidence, you can trust Solpadeine too. If you want more Solpadeine customers, contact the Solpadeine Pharmacy Support Team – full details are given below. Let us show you how Solpadeine can make a difference for you.

Legal status: P. Further information available from e-mail customer.relations@GSK.com phone 020 8047 2700 post GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, TW8 9GS, U.K. ¹IRI Infoscans, Dec 2001 ²Julie Davy Research, May 2000.



Paracetamol, Caffeine,
Codeine



*Compared to no treatment

A cold sore offer made possible by you

Up to 50% off healing time.^{1,2*} That's a special offer in anybody's language.

When it comes to cold sores, there's nothing better than Zovirax.

Zovirax effectively kills the replicating virus both at tingle and blister phase.³

So you can cut the suffering of all your cold sore customers.

EASY RUB-IN FORMULA

ZOVIRAX™
✓ at blister ✓ or tingle

aciclovir

Cold Sore Cream Product Information

Indication: Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and Administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the

tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contraindications:** Known hypersensitivity to aciclovir or propylene glycol. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side effects:**

Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Legal category:** P. **Product licence number:** 00003/0304 **Product licence holder:** The Wellcome Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and

Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RRP:** 2 g tube - £5.79; 2 g pump - £5.99. **Date of last revision:** January 2002. Zovirax is a registered trade mark of the GlaxoSmithKline Group of Companies.

References:

1. Spruance SL. Seminars in Dermatology 1992, 11(3): 200-206. 2. Data on file, GlaxoSmithKline, 1999.

Comment

from the Editor

Ethical drug companies shouldn't be too surprised by a Consumers Association (CA) poll, which concluded that most consumers feel the companies' product information would be less reliable than any other potential sources – including the internet (see p12).

And half of consumers believe the companies would try to convince them that they had illnesses, even if they were not ill, to make them buy their drugs. That's assuming the companies were allowed to advertise prescription drugs.

Given the bad press such companies have recently attracted, including their initial unwillingness to lower the prices of key anti AIDS drugs to third world countries, you can understand why consumers don't trust them.

But there is a lack of communication here. Consumers do not understand – and the CA does itself a disservice by not pointing it out to them – that drug companies in the UK have to abide by a strict code of conduct regulated by the Medicines Control Agency. They could not launch the type of drug advertisements that bombard US consumers. And, as their industry body, the Association of the British

Pharmaceutical Industry, rightly points out, the companies could not give out information that was not backed up by rigorous scientific studies.

The ABPI says its members are not interested in advertising, only in giving out more information. But isn't advertising just about giving people information, albeit in widely contrasting styles? The ABPI does have a point. The Government and healthcare bodies are worried by the often poor quality of healthcare information on the internet. The Government wants patients to have more information so they can make informed choices about seeking treatment.

Drug companies should be ideal sources for this information, provided there was a regulatory framework that prevented them from abusing the system.

Isn't all advertising just about giving people information, albeit in widely contrasting styles?

Your views

RPSGB Council member Sultan Dajani explains why he hasn't signed the Code of Conduct

Why I won't sign the code

The Code of Conduct for Royal Pharmaceutical Society Council members was set-up in the so-called "interests" of the profession. Three of us have chosen not to sign it.

I have signed the Declaration of Interests and the Declaration of Gifts, but I have not signed to say that I will comply with the Code of Conduct for Council for the following reasons:

1. I am against any sanction that takes accountability away from the membership and places it right into the hands of Council.
2. I have no confidence in the system, as those Council members who serve on the Conduct panel and decide the vote of censure are chosen by a select group on Council, who are usually those I have criticised.
3. There are points in the Code that miss the spirit of the reason for their introduction and serve to

inhibit our ability to speak freely about Council and keep our views from being relayed to the membership.

This is critical, especially at a time when we are facing many challenges in the profession and when the Society is saying we are not a membership-led organisation.

If the "gagging orders" are broken, censured Councillors face a "suspension from the right to attend meetings of the Council, or Committees, as a member of Council for a period determined by the panel" and "removal of Office on Council".

We are elected by the membership, we are answerable to the membership and, I believe, we should be accountable to the membership. Surely it would be an injustice for any democratic decision taken by the membership to be overturned by the other

Council members on a whim; and it jeopardises those voices on Council who stick up for the membership against some of the decisions Council collectively takes.

It gets worse: it has come to light that, despite making ourselves available for the membership, we are now being segregated.

This was highlighted by Linda Stone, who said in the open part of a Council meeting in April that those who have not signed the Code of Conduct will not be eligible to serve on the investigations Committee. In other words, the membership thinks us fit to serve but certain Councillors who hold some power choose to ignore this fact.

My fear is that this sort of discrimination is just the beginning and targets those on Council who refuse to be



Sid Dajani: against any sanction takes accountability away from membership and places it in the hands of the Council

establishmentarian. I just want to explain why I have refused to sign the whole Code and highlight how some of those elect are trying to undermine Councillors, who are genuinely attempting to represent the membership in the spirit of the original objects of the Charter.

HOSPITAL REPORT

A lot of consulting

When is national legislation not national legislation? When it refers to supplementary prescribing by nurses and pharmacists.

The obscurely titled MLX284 consultation document takes forward the proposals of the Crown Report and is attempting to define how the theory could be put into practice. There have been some changes in terms since Crown. Independent prescribers are still there, but dependent prescribers have been renamed supplementary prescribers.

Obviously a raw nerve somewhere has been soothed by the change.

However, a lot of questions are still left unanswered in the consultation paper. Both independent and supplementary prescribers must "share access to, consult and use the same common patient record". This is not too difficult in a hospital where the paper case notes are kept on the ward or are accessible at the clinic, but in the community it will need an electronic patient record to achieve proper shared access.

There is nothing about how it could work with teams of doctors,

A lot of questions are still left unanswered in the consultation paper

urses or pharmacists in hospitals, clinics or GP practices.

Although the consultation is about proposed changes to permit OTC medicines to be prescribed by supplementary prescribers throughout the UK, it leaves it up to the devolved administrations to decide the extent of adoption.

There is the possibility of different training, assessment and standards between each of the four countries.

The obvious question is whether each country's standard will be acceptable in the other three. Will Scottish supplementary prescribing pharmacist who moves to England have to retrain, or vice-versa? This area is a potential minefield for the profession.

Contributed by a senior hospital pharmacist

TOPICAL REFLECTIONS

Hands off the global sum

Last week I had a locum from foreign parts who expressed surprise at the lack of monitored dosage systems used in my pharmacy. In fact, I only provide a few private MDS, the bulk being used for nursing and residential homes. The reason is simply money, that Catch 22 of MDS supply, but one that raised an eyebrow from my locum.

Where she came from they have an excellent system agreed between local pharmacists, GPs, PCT and hospital trust. Patients are assessed when they leave hospital and, if an MDS is considered appropriate, the relevant GP and community pharmacist are contacted to arrange supply.

But what about payment? "Oh, that's simple. GPs will provide seven or 14-day scripts so the fees will be sufficient to fund the system!"

I was apoplectic and explained the result of this arrangement. Robbing pharmacist Peter to pay pharmacist Paul while the PCT and local hospital trust paid nothing is not my idea of successful professional negotiations. However, the patients are certainly receiving a good service and real health benefit was being achieved.

And this is the real message that needs to be promoted. Co-ordinated interventions between pharmacists and the rest of the health team can provide demonstrable patient benefit. They should be more universally implemented and paid for from local funds. It is not a function of the global sum to pay for such extended services. For pharmacists to unilaterally agree to such arrangements must ultimately be detrimental to us all.

New man at DoH makes me feel old

I am beginning to feel old, a situation not improved when I found out that the new lad who could be holding the pharmacy brief within the Department of Health is a nipper of 29.

I was curious enough to visit the DoH website to see if I could find out a little more about David Lammy. His is not a name I have even heard of before, so has he any qualifications – other than political – to fit him for his new role?

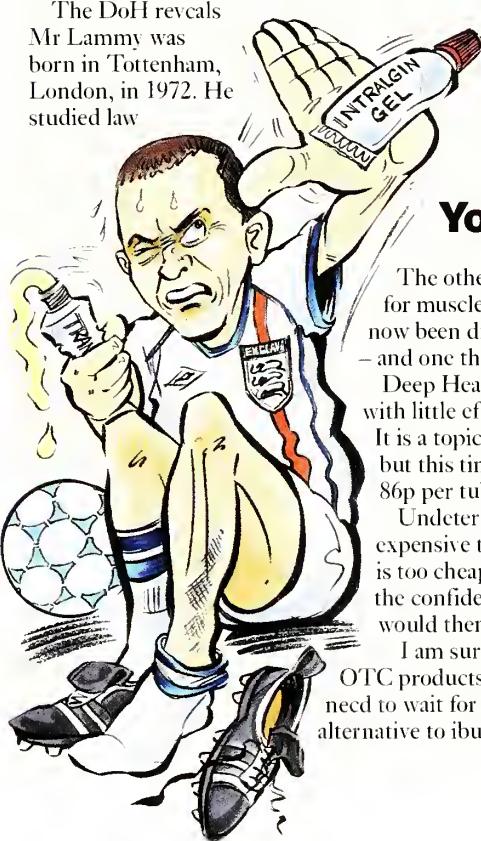
The DoH reveals

Mr Lammy was born in Tottenham, London, in 1972. He studied law

at the School of Oriental and African Studies (SOAS) Law School. Admitted to the Bar of England and Wales in 1995, he became the first black Briton to study a Masters in Law at the Harvard Law School in 1997.

On his return to England, David Lammy was elected to the Greater London Assembly with a portfolio for culture and arts. He was elected MP for Tottenham in a by-election in June 2000. Following his re-election in June 2001, he was appointed Parliamentary Private Secretary to the Rt Hon Estelle Morris, Secretary of State for Education. Obviously a bright cookie, but at the bottom of the learning curve when it comes to healthcare. Here we go again!

You get what you pay for...



The other day I was advising a customer on an external preparation for muscle pain. She was actually looking for Algipan but, since it has now been discontinued, it was my enviable task to suggest an alternative – and one that did not smell!

Deep Heat does, and ibuprofen and Movicol had already been tried with little effect, so I returned to my old tried and trusted Intralgin Gel. It is a topical analgesic gel that I often recommend with good results, but this time my suggestion was rejected for a most unusual reason. At 86p per tube it was obviously no good as it was too cheap!

Undeterred, I eventually compromised on a slightly pongy but more expensive tube of Transvasin but, on reflection, the price of Intralgin is too cheap. Customers expect to pay at least double its price and with the confidence of a price structure comparable with its competitors it would then sell even more.

I am sure 3M has an explanation for a price so far behind other OTC products but, with no resale price maintenance in force, I have no need to wait for 3M. I could promote Intralgin Gel as a respectable alternative to ibuprofen and, at only £1.75, a very competitive product!

Spending still buoyant

Most Budget measures will make little impact on business or consumers in the short term. But the rise in National Insurance is expected eventually to result in job losses and slower wage growth, rather than being passed on by business to consumers in the form of higher prices.

Nevertheless, there is a danger of an increase in inflation, stoked by upward pressure on prices from the massive boost planned for public spending. And there are clear signals in the latest Inflation Report from the Bank of England that a rise in interest rates is likely sooner rather than later.

As the economy bounces back, the base rate is expected to hit 5 per cent by the end of 2002. By then consumer demand is forecast to have slackened, but to be offset by rising Government spending and exports.

Meanwhile household outlays on pharmaceutical products rose by 4.3 per cent last year, and by 11.3 per cent between the third and fourth quarters of last year.

In volume terms, and adjusted for seasonal variations, spending grew by 2.3 per cent in 2001 as a whole, but by only 0.2 per cent between the two final quarters.

In the high street, the total value of sales grew by a seasonally adjusted 1.1 per cent in the first quarter of 2002, and by 5.7 per cent compared with the same period in 2001.

Figures on sales of pharmaceutical and toilet goods reveal a fall of 18.8 per cent between the two latest quarters to March 2002, but at a level 4.7 per cent up on a year earlier.

According to a CBI survey the strongest sales month for

pharmacists so far this year was February, when 68 per cent of retail pharmacies achieved an annual increase in volumes.

The British Retail Consortium says that most chemists and beauty product retailers saw growth in April. Warm weather drove demand for sun-care products, but had a negative impact on OTC medicines. Premium cosmetics, fragrances and travel-related products also enjoyed strong growth.

However, the BRC reports that the three-month trend rate of sales growth overall declined from 6.6 per cent in March, to 5.1 per cent in April, "but is still healthy in its own right".

Economists at the CBI expect consumer spending to grow by 2.4 per cent this year, down from 3.9 per cent in 2001, and slowing further to 2.1 per cent next year. But underlying retail price inflation – which excludes mortgage interest payments and is the Government's preferred measure – is expected to accelerate from 2.0 per cent at the end of last year, to 2.2 per cent by the fourth quarter of this year, reaching 2.3 per cent in 2003.

Buoyant consumer spending is contributing only modest inflationary pressure so far. The all-items retail price index rose 1.5 per cent in April, up from 1.3 per cent in March, while underlying inflation was unchanged in the year to April at 2.3 per cent.

The price of consumer services rose by an annual 4.5 per cent in April, but goods were up by just 0.1 per cent as tough competition prevented suppliers imposing any significant price hikes. The price of chemists' goods was also 0.1

BUSINESS STATISTICS

	Latest	% change on previous period	% change on previous three periods	% change on year
PRICES AND COSTS				
All items	Apr	0.7	1.4	1.5
Chemist's goods	Apr	0.0	-0.8	0.1
Producer prices (1990 = 100)				
Manufacturing industry, excl food, etc	Apr	0.2	0.3	0.2
Chemical industry	Apr	0.2	0.1	-1.4
Pharmaceutical preparations	Apr	0.3	0.2	1.1
Perfumes & toilet preps	Apr	0.0	-0.1	0.3
Lip & eye make-up preps	Apr	0.0	0.0	2.3
Dental & oral hygiene preps	Apr	0.0	0.0	0.0
Shaving preps, deodorants	Apr	0.5	0.5	-0.7
Adhesive dressings	Apr	2.2	2.2	7.1
AVERAGE EARNINGS (JUL 1990 = 100)				
Whole economy	Mar	1.1	3.7	3.1
Chemicals, chemical products	Mar	8.6	8.2	4.3
OUTPUT (1990 = 100)				
Chemicals, man-made fibres	Q1	-0.3	1.1	2.0
Pharmaceutical products	Q1	4.9	19.7	22.3
Perfumes, cosmetics, toiletries	Q1	-7.8	-17.8	-15.4
SALES				
Household expenditure (constant prices)				
Total, £	Q4	1.2	3.5	4.6
Retail sales (current prices)				
All retail businesses	Apr	2.7	7.0	5.3
Pharmaceuticals, toiletries, cosmetics	Mar	-2.5	-35.0	4.5
OTHER BUSINESS INDICATORS				
Consumer credit – Gross lending (£m)	Mar	1.9	4.3	16.2
Unemployment claimant rate	Apr	3.2	0.0	0.0
unemployment claimant count (%)	Apr	0.6	0.3	-2.5

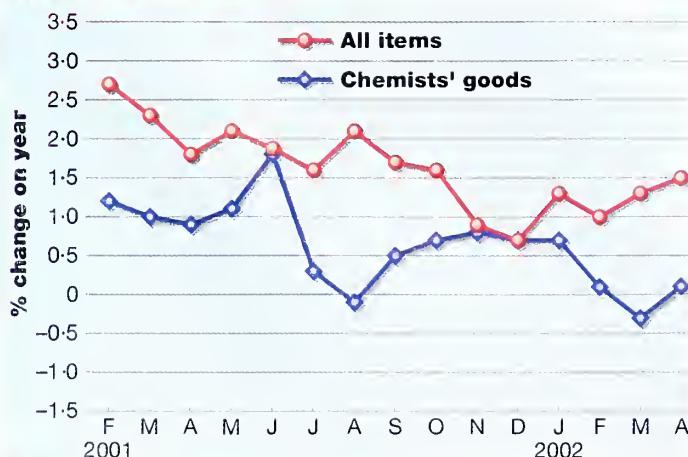
Sources: National Statistics, Bank of England and C&D

per cent higher than a year ago, following a fall of 0.3 per cent in the year to March.

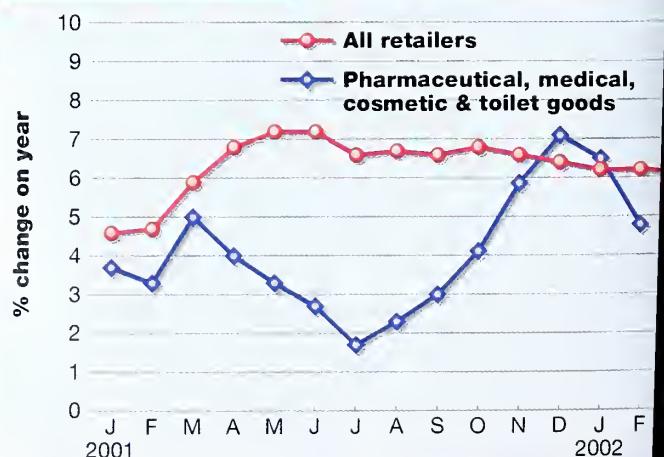
Consumers' appetite for debt appears to be insatiable, and with unemployment at historically low levels and diminishing

uncertainty about job prospects the likelihood that the spending bubble will burst in the near future looks increasingly remote. But a continuing slowdown in high street spending is a near certainty.

Retail prices



Retail sales



BENADRYL® - THE UK'S BIGGEST RANGE OF PHARMACY-ONLY ANTIHISTAMINES

A New Member of the Family – Benadryl One A Day
– no one-a-day allergy tablet works harder



Benadryl, the number one allergy brand¹, has extended its pharmacy-only range with the launch of new **Benadryl One A Day** – a non-drowsy antihistamine that offers consumers the convenience of just one tablet a day.

Benadryl One A Day is fast-acting and long-lasting, providing all day relief from the symptoms of hayfever, dust, pet and mould allergies. Benadryl One A Day is available in packs of 14 as pharmacy-only and Benadryl One A Day Relief in packs of seven as self-selection. Benadryl One A Day is available in packs of 14, ensuring customers return in-store more frequently for advice on allergy management from you – their pharmacist.

The Benadryl Family

Benadryl now offers the most comprehensive range in the allergy market, ensuring that your customers need look no further for the answer to their allergy needs.

- **Benadryl One A Day** – the convenience of one tablet a day. No one-a-day allergy tablet works harder.
- **Benadryl Allergy Relief capsules** – flexible dosing, active in 15 minutes. No non-drowsy allergy tablet works as fast (contains acrivastine).
- **Benadryl Plus** – the only OTC allergy treatment with added decongestant (contains acrivastine and pseudoephedrine)
- **Benadryl Skin Allergy Relief Cream & Lotion** – soothing topical treatments which are active in minutes (contains diphenhydramine hydrochloride, camphor and zinc oxide)

New Website for Benadryl One A Day

Benadryl One A Day has set up a brand new site: benadryloneaday.com. Consumers have the chance to win a holiday break for two to the Caribbean and a range of other fun summer prizes. The site has been set up specifically to educate consumers about the benefits of Benadryl One A Day. It features strong brand visuals and messaging and also offers practical information on the unique pollen forecasting service available.

Log onto: www.benadryloneaday.com



Wake up with Benadryl One A Day on GMTV

This summer, Benadryl One A Day is sponsoring the GMTV national pollen forecast. The day's pollen forecast will run on high pollen count days at 7.30am and 8.35am, providing a prediction of pollen levels across the UK, enabling sufferers to plan their day and ensure they have adequate protection from hayfever. The sponsorship began on May 13 and will run throughout the peak hayfever season.

Benadryl One A Day is also sponsoring the evening pollen forecast running at 6.30pm, and repeated at 11.30pm, across selected ITV regions.

1. A C Nielsen Pharmacy & Grocery combined MAT value share Nov/Dec 2001 (exc BTC)

Benadryl One A Day & Benadryl One A Day Relief
 Indication: Cetirizine 10mg. Uses: Symptomatic treatment of rhinitis and urticaria. Dosage: Benadryl One A Day. Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief. Adults and children aged 12 years and over: One tablet daily. Contra-indications: Hypersensitivity to any of the ingredients. Breast-feeding. Precautions: As with other antihistamines avoid excessive alcohol consumption. Pregnancy: Not recommended. Side effects: Rarely, headache, dizziness, drowsiness, agitation, mouth or gastrointestinal discomfort. RRP: Benadryl One A Day, 14 £7.95 (£6.77 ex-VAT). Benadryl One A Day Relief, 7 £4.45 (£3.79 ex-VAT). Legal category: Benadryl One A Day, P. Benadryl One A Day Relief, GSL. PL Holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire, WD1 8UH. PL Number: 08972/0032. Further information available from Pfizer Consumer Healthcare Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZD. Date of preparation: February 2002.

Benadryl Plus Capsules
 Indication: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: 12 - 65 years: One capsule as necessary, up to three times a day. Contra-indications: Hypersensitivity to any of the ingredients or triprolidine, hypertension, renal impairment or severe heart disease; use with MABIs. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. Price: 12s £4.99 (£4.25 ex-VAT), 24s £8.99 (£7.65 ex-VAT). Legal category: P. PL holder: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZD. PL no: 15513/0017. Date of preparation: March 2001.

Benadryl Allergy Relief
 Indication: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage (12 - 65 years): One capsule up to 3 times a day. Contra-indications: Hypersensitivity to acrivastine or triprolidine or significant renal impairment. Precautions: It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely, drowsiness. Price: 12s £ 4.35 (£3.70 ex-VAT), 24s £ 7.55 (£6.43 ex-VAT). Legal category: P. PL holder: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZD. PL no: 15513/0035. Date of preparation: May 2002.

Benadryl Skin Allergy Relief Cream and Lotion
 Indication: Cream or lotion containing Diphenhydramine hydrochloride 1%, Zinc oxide 8% and Camphor 0.1%. Uses: relief of skin allergies and irritations. Dosage: Apply topically to affected area three or four times a day. Contra-indications: Chickenpox, shingles or broken skin except under medical supervision. Concomitant use with other diphenhydramine-containing drugs. Precautions: Do not apply to broken skin or mucous membranes. Avoid contact with eyes. Side and adverse effects: Rarely skin irritation or sensitivity. Price (ex VAT): Cream and Lotion £3.02. Legal category: P. Product licence holder: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZD. Product licence numbers: Cream: 15513/0078, Lotion: 15513/0077. Date of preparation: March 2001.

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National Diabetes Week

Continuing her Body Basics series, *Fawz Farhan* explains how the reproductive system is designed to perpetuate the species

Making babies...



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1237), in association with multiple choice questions being published in C&D July 6, provides one hour's continuing education

The male and female reproductive systems are both composed of primary organs (the gonads) and the accessory organs.

Male system

A month or two before birth, the two testes descend from the inside of the body through the inguinal canal in the abdominal wall into the scrotum. They remain attached to the spermatic cord which contains the blood and lymphatic vessels, nerves and vas deferens - the duct that transports spermatozoa out of the testes.

For normal production of spermatozoa, the testes must be a few degrees lower than body temperature, hence their location outside the body in the scrotum.

The testes usually descend before birth or by the age of one. If not, then surgical correction in childhood is needed to avoid infertility.

Sperm

The testes are responsible for the production of spermatozoa (sperm) and the male sex hormone testosterone. Each testis is composed of a mass of coiled seminiferous tubules whose walls differentiate to produce sperm cells. Interstitial cells between these tubes produce testosterone.

The sperm cells produced by the seminiferous tubules feed into another coiled tube called the epididymis which is also located in the scrotal sac. Stretched out to its full length, the epididymis is around six metres, creating a large surface area for the sperm to be stored. During storage, the sperm

cells mature and become motile.

The epididymis extends to become the vas deferens, which carries sperm cells from the testes to the urethra and the outside. Around 300 million sperm cells reach full maturity each day.

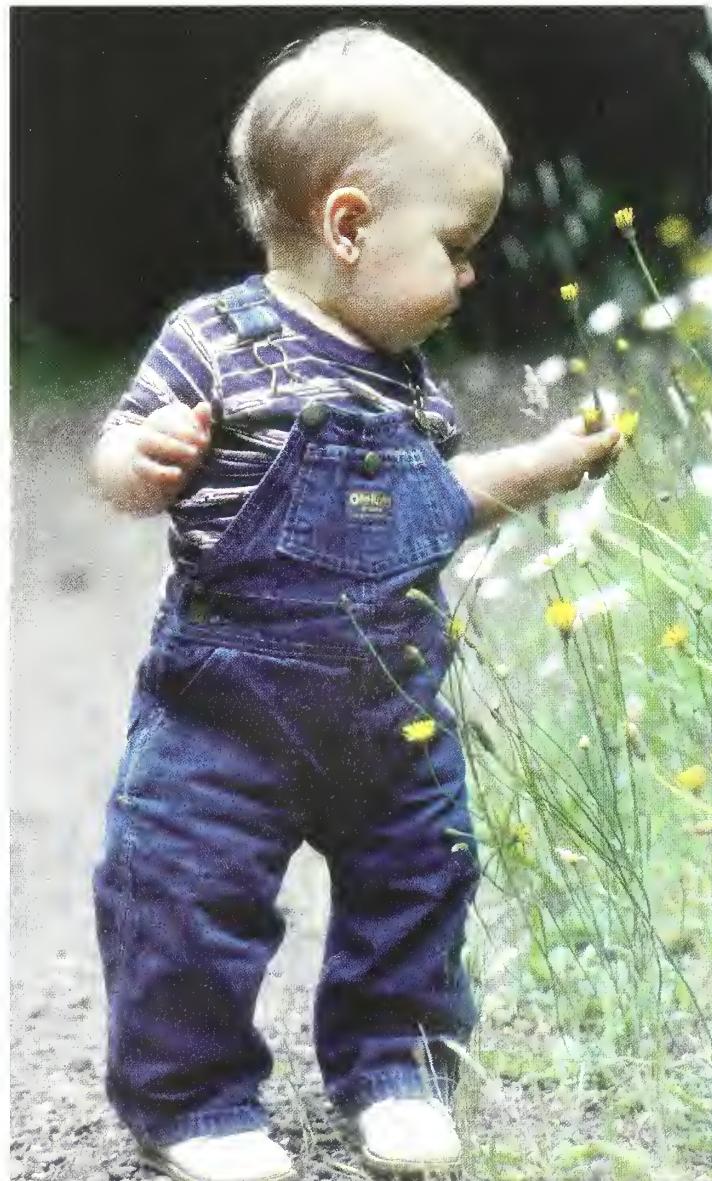
Sperm production (spermatogenesis) is controlled by two hormones released by the anterior pituitary gland: follicle stimulating hormone (FSH) and interstitial cell-stimulating hormone (ICSH), which is called luteinising hormone (LH) in females. FSH stimulates the formation of the sperm cells while ICSH stimulates interstitial cells to produce the testosterone needed for sperm cell development.

The process of sperm production starts in puberty and is initiated by the hypothalamus. It continues throughout life although the output of sperm and testosterone diminishes with age.

Semen is a mixture of sperm cells and secretions from the seminal vesicles, prostate gland and the Cowper's glands (collectively known as seminal fluid). The function of the seminal fluid is to nourish and transport the sperm, neutralise the acidity of the vaginal tract and lubricate the reproductive tract during sexual intercourse.

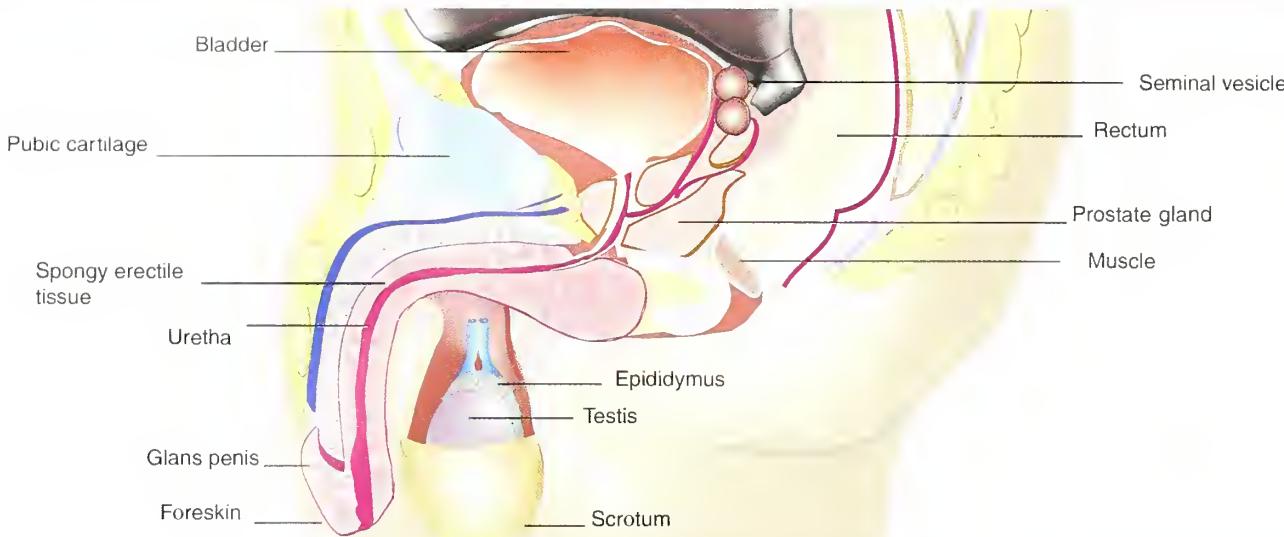
The seminal vesicles are located at the back of the bladder and produce a thick, yellow, alkaline secretion which forms a large part of the volume of semen. The secretion contains mainly

- To revise the structure and reproductive systems
- To review the function of the reproductive system
- To understand conception
- To revise the menstrual cycle
- To be aware of disorders of the systems



The road from conception to birth is a long and complicated one, but millions of us seem to manage it without any medical intervention. Others, however, do need help to conceive

Continued on page 20 ▶



Continued from page 19

sugars to nourish the sperm cells.

The prostate gland lies just below the bladder and surrounds the top part of the urethra. It produces a thin, alkaline secretion which it secretes into the urethra to help to neutralise the acidity of the vagina and encourage the motility of sperm cells. The gland also contracts during ejaculation to help expel semen.

Cowper's glands resemble two peas and are located just below the prostate gland. They secrete mucus to lubricate the urethra and tip of the penis during sexual arousal.

REPRODUCTIVE SYSTEM

The urethra extends through the penis and carries both urine and semen to the outside. The penis is made up of spongy tissue which fills with blood and becomes erect in preparation for ejaculation.

Ejaculation forces the expulsion of semen to the outside. The mechanism is initiated by a reflex action which stimulates the contraction of smooth muscle tissue in the prostate and the contraction of the skeletal muscle in the pelvic floor. When this happens, the sphincter at the base of the bladder closes to prevent urine being released.

THE FEMALE REPRODUCTIVE SYSTEM

The two ovaries are located on either side of the uterus in the pelvic cavity and are attached by the ovarian ligament. The ovaries are the counterparts of the male testes and are responsible for the production and maturation of the ova (eggs) and the release of the female hormones oestrogen and progesterone.

Ova are produced just below the outer epithelium layer of the ovary. Around 18,000 oocytes, which are the precursors to the ova, are already formed by the time a female foetus reaches three months. These are stored in the ovaries until puberty.

In a normal female menstrual cycle, one ovum is released each month. The ovum develops within its own ovarian follicle in the ovary. As it ripens, the walls of the ovarian follicle release oestrogen to prepare the uterus for implantation. The follicle moves towards the surface of the ovary, ruptures and releases the ovum in the process ovulation.

The ovarian follicle left behind forms the corpus luteum (yellow body), a solid glandular mass, which produces oestrogen and progesterone to sustain pregnancy if fertilisation has taken place. However, if the egg is shed without fertilisation, the corpus luteum shrinks and is replaced by scar tissue once the menstrual cycle is complete and menstruation has taken place.

OVULATION

Once the ovum is released, it makes its way down the oviduct into the uterus.

Each oviduct, or fallopian tube, is about 12.5cm long and extends from the vicinity of the ovary into the uterus. There is no direct connection between the ovaries and the oviducts - the ova are swept into the opening of the oviduct by a current in the peritoneal fluid produced by fringe-like structures at the opening of each oviduct. Once in the oviduct, the ovum is moved to the uterus by cilia lining the tube and by peristalsis. It takes around five days for the ovum to move from ovary to uterus.

UTERUS AND OVARY

The uterus has specialist structures and functions designed for implantation of the fertilised ovum, the nurturing and development of the foetus and its expulsion at term from the mother's body.

The uterus is a pear-shaped, muscular organ with a small rounded part at the top called the fundus and a narrow neck at the base called the cervix. The uterus can change shape and dilate as the foetus develops, while the cervix dilates sufficiently during childbirth to allow the baby to move out.

The lining of the uterus - the endometrium - consists of specialised epithelial cells that prepare the uterus for embedding of the fertilised ovum. It is shed in menstruation if fertilisation does not occur.

The vagina is a muscular tube about 7.5cm long, which connects the uterine cavity to the outside. The lining is wrinkled to allow room for expansion during childbirth. As well as acting as the birth canal, the vagina receives the sperm following ejaculation.

THE MENSTRUAL CYCLE

The female reproductive system, like that of the male, is regulated by the hypothalamus and by the pituitary gland. The pituitary gland produces follicle stimulating hormone (FSH) to stimulate the development of eggs in the ovaries and luteinising hormone (LH) to trigger ovulation and the release of female sex hormones.

However, unlike hormonal control in the male, female hormonal control is cyclical with regular patterns of increases and decreases in hormone levels. The cycle averages 28 days although it can range from 22-45 days. The

A CROSS SECTION OF THE MALE REPRODUCTIVE SYSTEM

first day of menstrual flow is the first day of the cycle.

On day one of the cycle, a follicle starts to develop in the ovary under the influence of FSH produced by the pituitary gland. As the ovum inside starts to develop, the follicle releases oestrogen into the bloodstream, which triggers the uterus to prepare the endometrium for potential pregnancy. This involves thickening of the endometrium and elongation of the glands that produce the uterine secretions.

Oestrogen also acts as a feedback mechanism to inhibit release of FSH and stimulates the release of LH from the pituitary.

Ovulation normally occurs on day 14 of the cycle and is triggered by an LH surge. The hormone also transforms the ruptured follicle into the corpus luteum which then starts to produce oestrogen and large concentrations of progesterone. These two hormones help the endometrium to thicken further and the glands and blood vessels in the uterus to enlarge. The rising levels of these two sex hormones feed back and inhibit the release of FSH and LH from the pituitary.

If the ovum is fertilised, hormones are released which sustain the endometrium. If the ovum is not fertilised, it dies within two to three days and disintegrates. At the same time the corpus luteum degenerates and the levels of oestrogen and progesterone fall. As a result, the lining of the uterus - the endometrium - is shed to produce

Continued on page 22

Revealing confidence in psoriasis



Silks® Ointment Prescribing Information

Presentation: 3 micrograms/g calcitriol ointment. **Indications:** Mild to moderately severe plaque psoriasis (*psoriasis vulgaris*). **Dosage and Administration:** Adults Only - Apply twice daily (morning & evening) before and after washing. There is limited clinical experience available for this dosage regimen of more than 6 weeks. **Contra-indications:** Patients with kidney/liver dysfunction, hypercalcaemia, abnormal calcium metabolism, or systemic treatment of calcium homeostasis, or sensitivity to any ingredients. **Precautions** and **Warnings:** Not to be applied to the face. Not recommended for use on more than 35% body surface area. Maximum use 30g per day. Do not cover with occlusive dressing or use substances which stimulate absorption. Reduce or discontinue use if sensitivity or severe irritation occurs. **Side Effects:** Skin irritation (redness or itching). **Interactions:** Use with caution in patients receiving medications known to increase calcium levels, calcium supplements or high doses of vitamin D. Concomitant use of peeling agents, astringents or irritant products may increase irritant effects. **Pregnancy and Lactation:** Not recommended during pregnancy or lactation unless considered essential by the physician. **PL Number:** PL 10590/0047. **Page Quantities and Basic NHS Cost:** Tubes of 100g (£24.00) or 30g (£7.20). **Legal Category:** POM. **Prescribing information is available from the marketing authorisation holder:** Galderma (UK) Limited, Galderma House, Church Lane, Kings Langley, Herts. WD4 8JP, UK. Tel: +44 (0)1923 291033, Fax: +44 (0)1923 291060. **Date of preparation:** March 2002.

SILK/09/0402

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calcitriol 3 micrograms/g

GALDERMA  DEDICATED TO
Dermatology

New confidence in psoriasis



Michelle Rakki

A healthy female reproductive system

Continued from page 20

the monthly menses.

During menses, the endometrium starts repairing itself and the low levels of oestrogen and progesterone lead to the release of FSH. This triggers the ripening of a new ovum and the start of a new cycle.

Pregnancy

Over the first 12–14 weeks of pregnancy, the foetus and placenta take over some of the hormone production needed to maintain pregnancy. Abortion may occur during this time if the corpus luteum regresses before the foetus produces sufficient hormones.

Menopause

The menopause usually occurs between 45 and 55 and signals the end of menstruation and normal ovarian function and hormone output.

The symptoms of the menopause are due to oestrogen

deficiency. They include transient symptoms such as hot flushes, headache, excessive sweating, sleep disorders, irritability, loss of libido, and anxiety and depression. Potential long-term effects of deficiency include osteoporosis and atrophy of the breasts, endometrium, vagina and vulva. There is also an increased risk of ischaemic heart disease post-menopausally.

Conditions

● **Benign prostatic hyperplasia** – a non-malignant condition characterised by enlargement of the prostate gland which causes urethral obstruction and urinary retention. It is common in men over 50 years old.

● **Erectile Dysfunction** – or impotence refers to the failure to produce a satisfactory erection for penetration and intercourse; reasons include psychogenic, vascular, neurogenic and endocrine abnormalities.

● **Ovarian cysts** – the most

common is a follicular cyst, in which one of the follicles fills with fluid. Polycystic ovary syndrome occurs when several small cysts develop in the ovaries, possibly caused by a hormonal disorder. Less commonly, cysts may form in the corpus luteum. Cysts may disappear without treatment, but large or persistent cysts may be drained or removed.

● **Premenstrual syndrome** – a range of symptoms that appear seven to 10 days before menstruation and disappear soon after the onset of menstruation. Symptoms include fatigue, irritability, depression, weight gain, bloating and breast tenderness (see also C&D, January 19, p25–28).

● **Dysmenorrhoea** – painful menstruation or “period pain” which is common in young women who have had no children. Symptoms also include gastrointestinal disturbance, bloating, diarrhoea, headache

1. In general, people use euphemisms when discussing their “bits and pieces”. Think about the terms you and the public use when discussing problems associated with the reproductive organs (primary and secondary features), the act of intercourse and related topics. Try to devise a list of the scientific descriptions of the structure or action, together with the words you use. Record these in your practice workbook. Do the words you use differ according to the patient you are addressing? Why? Is this reasonable?

2. One important factor for reproduction is timing. In your practice workbook construct a diary of events showing when a woman is most likely to conceive, and relate this to the lifespan of sperm. Note the possible “safe” and most fertile time. Why is this information valuable to you and the public?

3. Why might age matter for successful reproduction?

4. What drugs are used to aid conception? Are there drugs for both males and females?

5. Review the hormonal changes that occur after conception in a female. Relate these changes to the risk of failure of a successful birth.

and premenstrual syndrome. Secondary causes include fibroids, endometriosis and pelvic inflammatory disease.

● **Endometriosis** – a condition where endometrial tissue is found outside the uterus such as the ovaries, vagina, rectum and colon. The misplaced tissue responds to hormones in the same way as in the uterus, swelling and bleeding during the menstrual cycle. Symptoms include dysmenorrhoea, infertility, cyclic rectal pain and diarrhoea.

Fazl Farhan is visiting lecturer in pharmacy at King's College, London

Continuing learning for pharmacists

From now until **Pharmacy Update** for continuing education are informed of the need to test. With the support of the Pharmaceutical C&D's readers can self-test their knowledge by using the multiple choice question (MCQ) paper to be inserted in the July 6 issue, which will cover this week's CPP-accredited modules together with those in the June 19 and June 22 issues.

The results will be:

● **Reproduction (1237)** ● **Oral contraception (1238)** ● **Coeliac disease (1239)**.

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. For those wanting to receive a free MCQ paper for Pharmacy Update can contact Mary Prebble on 01732 377269.

Study proves community pharmacists provide effective interventions



Community pharmacists' interventions have been shown to be valuable for cholesterol management in patients at high risk of cardiovascular events in the USA.

A study published in the *Archives of Internal Medicine* is thought to be the largest randomised trial of pharmacist intervention in cardiovascular disease.

Over three years, patients at high risk in 54 community pharmacies were randomised to receive 'pharmacist intervention' or usual care. Intervention included education, a brochure on risk factors, cholesterol measurement, physician referral and regular follow-up for 16 weeks. Pharmacists also faxed a simple form to the primary care physician identifying risk factors and providing suggestions. Usual care patients received the same brochure but with general advice only and minimal follow up.

The end-point of the trial was based on a combination of cholesterol measurement by the physician or an increase in dose of cholesterol-lowering medication.

The trial was terminated early as 57 per cent of patients in the intervention group reached the end-point as opposed to 31 per cent in the usual care group.

The authors of the study say "the community based pharmacist has been an under used resource" and acknowledge the accessibility of pharmacists to the public. Pharmacy services were also highly rated by the patients.

• A study in the *BMJ* has shown the most cost-effective option for detecting patients with high cholesterol levels in the whole population is to screen family members of people with familial hypercholesterolemia.

Universal population screening was the least cost-effective option.

For more information:

<http://archinte.ama-assn.org>

Hay fever guidelines

A flow chart providing guidelines for the management of hay fever in primary care has been produced by an independent group of healthcare professionals.

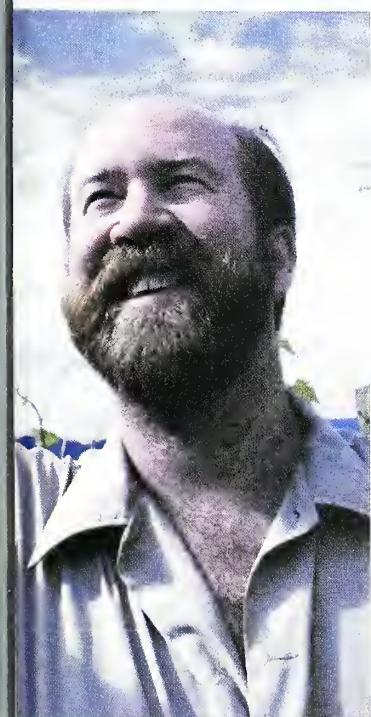
Endorsed by Allergy UK formerly the British Allergy

Foundation), the free chart aims to provide pharmacists with up to date, practical guidance on diagnosing and managing patients.

For more information:

eabbott@hsdcommunications.com
Tel: 01923 777277.

Finasteride for better hair growth



Finasteride, used to treat male pattern baldness, has proved more effective at improving the growth and thickness of existing hairs rather than increasing hair count.

In a 48 week randomised, double-blind, placebo-controlled trial 66 men received finasteride 1mg or placebo.

Hair samples were clipped every six weeks and assessed for weight and count.

At the end of the trial the hair weight had increased by just over 20 per cent in the treatment group and decreased by 5 per cent in the placebo group.

Hair count increased by 12.4 per cent in the finasteride group versus 3.2 per cent in placebo.

Finasteride 1mg (Propecia) has been available on private prescription in the UK since the beginning of April.

'Epsom salts' solution for eclampsia

Injections of magnesium sulphate halve the risk of convulsions due to eclampsia in pregnant women, says a study in *The Lancet*.

Pre-eclampsia, usually associated with raised blood pressure and proteinuria, is a complication in 2-8 per cent of pregnancies – eclampsia is the occurrence of one or more convulsions in the presence of pre-eclampsia.

In developed countries eclampsia is rare, affecting one in 2,000 deliveries. But in developing countries, the risk varies from one in 100 to one in 1,700.

More than 10,000 eligible women in 33 countries were randomised to placebo or magnesium sulphate injections.

Women allocated to the treatment group had a 58 per cent lower risk of eclampsia and a lower risk of mortality, but 24 per cent of them suffered from side effects compared to the placebo group.

The authors say there appeared to be no harmful effect to mother or baby in the short term.

For more information:

www.thelancet.com



Imodium Instants melt in the mouth

Johnson & Johnson MSD is launching an instant melt tablet in the Imodium range.

Imodium Instants are designed for the symptomatic relief of acute diarrhoea and contain loperamide hydrochloride 2mg.

The tablets are formulated to melt in the mouth instantly, offering a convenient solution for diarrhoea sufferers.

Adults and children over 12 years should take two tablets initially followed by one tablet after every loose stool. The maximum daily dose is three to four tablets.

The tablets are not to be used for children under the age of 12 and



should only be used during pregnancy or lactation on the advice of a doctor.

Price: £3.75

Pack size: six tablets

Pip code: 284-5774

Johnson & Johnson MSD Consumer Pharmaceuticals

Tel: 01494 450778.

Minerals matter for Wassen trio

Wassen is introducing three mineral combinations with synergistic vitamins into independent pharmacies following a successful test launch through Boots The Chemists.

Zinc-ACE combines zinc with vitamin A, C, E, B complex and copper for healthy immune and reproductive systems.

Magnesium-B is an energy supplement that includes vitamin B complex and vitamin C to help the body absorb magnesium.

Silica-OK helps maintain healthy hair, skin and nails. It combines organic silica with vitamin C and E, beta-carotene, vitamin B complex, zinc and selenium.

The range is being launched with the slogan "Minerals matter".

Price: Zinc-ACE, Magnesium-B £4.95; Silica-OK £6.95

Chemist Brokers

Tel: 02392 222500.

Pletal strides forward

Otsuka Pharmaceuticals has launched a drug that can help patients with intermittent claudication to walk further.

Pletal (cilostazol 100mg) is indicated for the improvement of maximal and pain-free walking distances in patients who do not have rest pain or evidence of peripheral tissue necrosis.



The recommended dose is one tablet twice daily, 30 minutes before or two hours after food. Taking Pletal with food increases its plasma concentration and can lead to an increased incidence of adverse effects.

Contraindications include congestive heart failure, pregnancy, and co-administration of cimetidine, diltiazem, erythromycin, ketoconazole, lansoprazole and omeprazole.

Also, the daily dose of aspirin should not exceed 80mg when co-administered with Pletal.

Patients should be warned to report any bleeding or easy bruising while on therapy.

Price: £35.31

Pack size: 56 tablets

Pip code: 287-6985

Otsuka

Tel: 0208 600 6770.

Swedish supplement fights PMS



Peter Black Healthcare is introducing a natural Swedish pre-menstrual supplement into UK pharmacies and healthfood shops.

Femal is taken throughout the month and contains standardised pollen extracts and vitamin E.

The product is endorsed by the National Association for Premenstrual Syndrome.

The manufacturers recommend initially taking two tablets for two full cycles then one tablet daily.

Price: £6.99

Pack size: 30 tablets

Peter Black Healthcare Ltd

Tel: 01283 228300.

Ovran discontinued

Wyeth is discontinuing Ovran tablets and Achromycin (tetracycline) capsules with immediate effect, citing low sales volume as the reason.

[For more information:](#)

Wyeth

Tel: 01628 604377.

OxyContin range grows

Napp will add a 5mg variant to OxyContin (oxycodone) range on June 10.

It is licensed for the treatment of moderate to severe pain in patients with cancer and post-operative pain.

Price: £10.72

Pack size: 28 tablets

Pip code: 286-2357,

Napp

Tel: 01223 424444.

NEW LAMISIL® AT 1% SPRAY

Terbinafine Hydrochloride

Treats athlete's foot in just 7 sprays.

Applied once a day to the affected area for seven days, new Lamisil® AT 1% Spray not only works to relieve itch symptoms, but also treats the cause of athlete's foot.

Seven days' treatment also delivers lasting protection that keeps feet athlete's foot free for weeks and weeks.

Easy to apply and easy to recommend, it's a new solution to athlete's foot pharmacy has been waiting for.



For the treatment of: Athlete's foot, Dhobie itch (jock itch), Ringworm

Prescribing information: LAMISIL® AT 1% Spray. Presentation: Solution containing terbinafine hydrochloride 1.0% w/w. Indications: For the treatment of athlete's foot, Dhobie (jock) itch and ringworm. Dosage and administration: The spray is applied once daily for one week. Not recommended for children under 16. Contraindications: Hypersensitivity to terbinafine or any of the excipients. Precautions: For external use, avoid contact with the eyes. Avoid inhalation and do not use on the face. Pregnancy and lactation: Not recommended during pregnancy or lactation. Side effects: Redness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. Legal category: P. Recommended Retail Price: £6.99 (15ml Pump bottle). Product licence number: PL0030/0147. Product licence holder: Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB. Date of Preparation: Feb 2002.

Novartis Consumer Health, Wimblehurst Road, Horsham, Sussex RH12 5AB.
Customer Careline 01403 218111 Fax 01403 323 919 Email customer.care@ch.novartis.com

01/2001/19

A MODERN SOLUTION TO ATHLETE'S FOOT



Addition to Kira range

Lichtwer Pharma is expanding the Kira range of supplements for women with Agnus Castus One-A-Day tablets.

Each 20mg tablet contains a concentrated, standardised extract of agnus castus, shown in a recently published clinical study to be effective in relieving pre-menstrual symptoms such as irritability, low mood, breast pain and headaches.

The launch will be backed by a £250,000 summer advertising campaign in newspapers and women's magazines.

Price: £7.99

Pack size: 30 tablets

Pip code: 284-6566

Food Brokers

Tel: 02393 222500.

Advanced VO5 relaunch

Alberto-Culver plans to relaunch the Advanced VO5 range in August.

The range will comprise six shampoos and five conditioners – Sheer Vitality, Moisture Soak, Deep Nourishing, Volume Boost, 2 in 1 and Super Clean (shampoo only).

The products will have an invigorating new fragrance and the packaging will change to sky blue to co-ordinate with the VO5 Styling dark ocean blue products.

There will be an autumn giveaway of seven million VO5 shampoo sachets. An advertising campaign will start in September. **Price: shampoos £2.19 (300ml); 2 in 1 £2.19 (250ml); conditioners £2.19 (250ml)**

Alberto-Culver Co UK Ltd
Tel: 01256 705000.

Anadin stands out from the pack

Wyeth has relaunched the Anadin range with new pack graphics to give it a more dynamic image.

For the first time, the packs will feature key indications on the front. This will help consumers to identify the variant that best suits their type of pain.

An embossed Anadin logo will feature across the range, adding consistency to the brand's image and ensuring a stronger impact when the variants are merchandised together.

The packs carry easy-to-understand information and the Careline phone number for consumers who have queries.

Anadin is the second biggest-selling branded analgesic in the market. The range is worth £44 million.



Jo Gray, Anadin's brand manager, says the new look will drive home the message that there are five varieties in the range.

Support for Anadin throughout the year includes a £6m advertising campaign.

The next TV burst is due in July.

For more information:

Wyeth Consumer Healthcare

Tel: 01628 669011.

TV next week

Aquafresh Powerclean: All areas except U, CTV

Beconase: All areas except U, CTV

Benadryl Allergy Relief: B, G, Y, A, HTV, W, M, LWT, TT

Bodyform Pantyliners: All areas

Calpol Fast Melts: All areas except U

Calypso Dry Oil Spray: Sat

Clearasil Complete pore purifying wipes: ITV, C4, C5

Eumovate: All areas except U, CTV

Hedex: Sat

Lil-lets: Sat

Lucozade Sport: All areas except U, CTV

Malibu: B, G, Y, TT, GMTV, Sat

Movelat Relief: C5

Nivea Body Satin Sheen Moisturiser: All areas

Piriton: All areas except U, CTV

Ribena: All areas except U, CTV

Scholl Health & Beauty for Feet: All areas except U, A, HTV, CTV, W, M

Senokot: All areas

Sensodyne Gentle Whitening: All areas except U, CTV, GMTV

Voltarol Emugel P: GTV, G, Y, C, M, TT, C4, C5

PharmaSite for next week: Clarityn – Window, Clarityn – In-store, Clarityn – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Imodium
instants™

Prescribing information:

Presentation:

Orodispersible tablet containing Loperamide Hydrochloride 2 mg.

Indications:

Symptomatic relief of acute diarrhoea.

Dosage: Adults and children over 12 years: 2 tablets initially, followed by one tablet after every loose stool. Usual dose is 3-4 tablets per day.

Maximum Daily Dose: 6 tablets in 24 hours.

Contra-indications: Not to be used in children under 12 years of age.

Hypersensitivity to any component of the product. Conditions when inhibition to peristalsis is undesirable. Not to be used alone in dysentery. Do not use when inflammatory bowel disease is present.

Precautions: Use of Imodium™ instants does not preclude fluid and electrolyte replacement. Severe hepatic dysfunction. Use during pregnancy or lactation only on the advice of your doctor.

Side Effects: Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dry mouth. Rarely hypersensitivity reactions, urinary retention and anaphylactic shock. Paralytic ileus, bloating and constipation have been reported.

Price: 6 tablets £3.75.

Legal Category: GSL.

PL No: 13249/0031

PL Holder: Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF.

Johnson & Johnson MS

ALL THE EFFECTIVENESS OF IMODIUM.TM



IN AN *instant*
Melt Tablet

The most convenient solution for your diarrhoea sufferers

Suncare customers reach for new heights



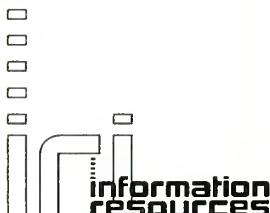
The British love affair with the suntan has not diminished despite a drop in suntan product sales last year. But, when we do risk our skin in the sun, we are more likely to heed the warnings and use a higher SPF sun protection cream.

The sun preparations market grew by 10 per cent through pharmacies to £10.5 million in the 52 weeks to 21 April 2002.

Ambre Solaire's protection range is the leading brand with 23 per cent of the market and sales increasing by 19 per cent.

Its nearest rival is Nivea with sales growing by a more modest 2 per cent. Coty's Sunshimmer range is the leading artificial or fake tan brand with sales increasing by 54 per cent.

The fastest growing brands in the top 10 are Solero and Calypso, growing by 105 and 109 per cent respectively.



Simon Williams, suncare buyer for Superdrug



“All the signs are that we will have a strong summer for suncare sales. We have already had good growth in self tanning sales in the early part of this season, helped by new brands and TV advertising for Piz Buin.

Superdrug is trying to take a stand on sun protection products by taking VAT off our Solait range.

Of the sub sectors within the sun preparations market, protection products are increasing by the largest amount (up 14 per cent), with much of the growth driven by the children's sector (up 35 per cent).

The recent campaigns to raise awareness of the harmful effects of the sun seem to have worked.

Sun products with an SPF of between 20 and 29 are the most popular, while sales of products with an SPF over 30 are increasing by 27 per cent.

Lotions are still the most popular formats, whether in the protection, aftersun or artificial tan sectors. Sales are stable, rising by 7 per cent to £4 million.

Sprays are the second favourite format with sales increasing by 71 per cent to £2m.

Convenience appears to be important to the sun worshipper with sales of products such as Tantowel helping the total wipes sector to increase by 78 per cent.

Although this is a relatively small sector, it is more popular in pharmacies than old stalwarts such as oils and gels.

The fashion for faking sun tans shows no signs of abating. Stars such as Geri Halliwell have done much to keep this trend going.

We are happy to fake it to get that year-round sun-kissed look, especially if it's kinder to our skins.

The artificial sector through pharmacies shows a moderate increase of 7 per cent to £1.3m.

Technological improvements in these products have meant they are more user-friendly.

Gone are the days of having to

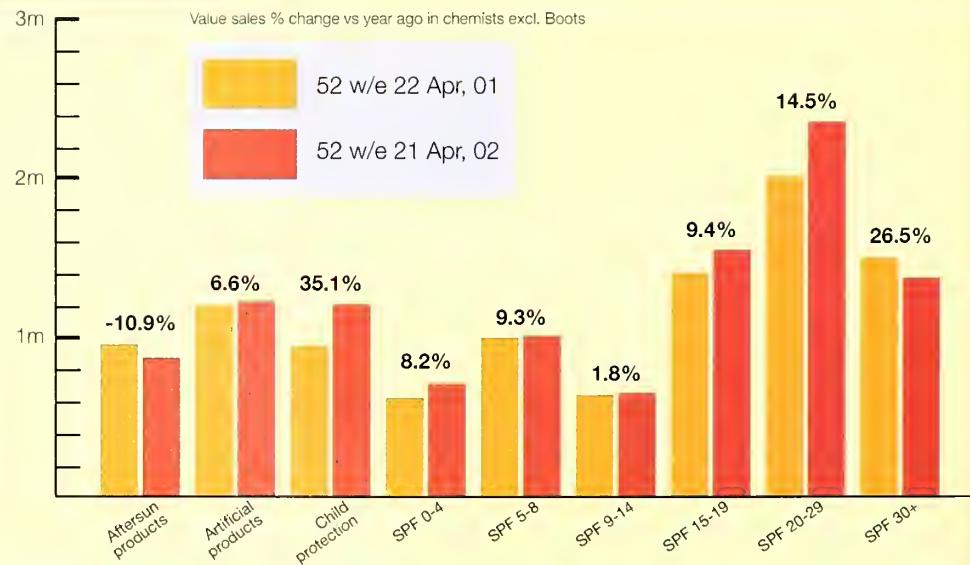
Top pharmacy brands

1. Ambre Solaire (protection)
2. Nivea (protection)
3. Riemann (protection)
4. Malibu (protection)
5. Coty Sunshimmer (artificial)
6. Uvistat (protection)
7. Sun E45 (protection)
8. Solero (protection)
9. Tantowel (artificial)
10. Calypso (protection)

stand up for 30 minutes to allow the lotion to dry, as typified by P Buin's current TV advertising campaign.

Sales of aftersun products through pharmacies have declined by 11 per cent, in contrast to the rest of the market. The top ranked aftersun brand, Nivea, is outside the top 10 products. This could be due to the inclusion of moisturiser in sun protection products and the increase in cheaper body lotions.

Sun preparations



We want sun products to be considered as health rather than beauty lines.

We are lobbying different organisations and have spoken to Government health bodies in an effort to drive awareness. We are currently in discussion with suncare manufacturers about the possibilities of taking VAT off leading suncare brands for 2003.

Research shows that 70 per cent of people use protection but only 20 per cent do so properly. For a full body application, a 200ml bottle

should only last six or seven times.

All Solait 200ml and 400ml sun protection products cost the same (£5.95 and £8.50 respectively) regardless of factor, to encourage customers to base their purchases on need rather than price.

More people are moving towards higher factor numbers – 56 per cent of all sun protection products bought are now factor 15 and above. We expect that figure to increase as awareness grows.

We are giving more facings to products with higher factor numbers and positioning higher

factors on the left graduating to lower factors on the right of the shelves. As the customer's eye is drawn to the left, this encourages them to move to higher factors.

Sun protection products have limited life span. Once over three years old they will not offer the same level of sun protection.

All our Solait products feature 'best before' date so customers will be confident that the products are offering the correct level of protection for their skin type. The expiry date is on the base of the bottles. **“**

Brush up on family movies with Aquafresh



GlaxoSmithKline has entered into a £1.5 million sponsorship deal with Sky TV to create a year-long presence for Aquafresh on the satellite channel.

The "Aquafresh Family Night on Sky movies" scheme will provide branding on six movie channels each Sunday night through a series of 15-second opening and closing credits.

The initiative will feature six different credit executions, each with its own film theme, including humorous family scenes based on *Superman*, *Jaws* and *Jurassic Park*.

• Aquafresh Powerclean Whitening is currently making its TV debut with a £1.1m national campaign running throughout this month.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Hedex makes headway with mums



GlaxoSmithKline is supporting Hedex with an £800,000 TV campaign running from June 10 until the end of September.

It is the second airing for three humorous "stressed mum" commercials to highlight Hedex's specific pain-killing properties.

Programming will centre around popular family shows such as *Friends*, *ER* and *Big Brother* on more than 20 satellite stations.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Get into an Imperial lather in the bath

Cussons is launching a bar soap specially for use in the bath.

Imperial Leather Sensual Bathing bar contains added moisturisers and is formulated to give a particularly rich, creamy lather.

The packaging doubles up as a

self-draining soap dish that helps the bar to keep its shape for longer.

The product is available in three variants - Dream, with passionfruit; Replenish, with mango butter; and Unwind, with orange and nutmeg.

The launch will be supported by a

£400,000 campaign, including outdoor media and sampling activity.

Price: £1.49

Pack size: 125g
Cussons (UK) Ltd
Tel: 0161 491 8000.

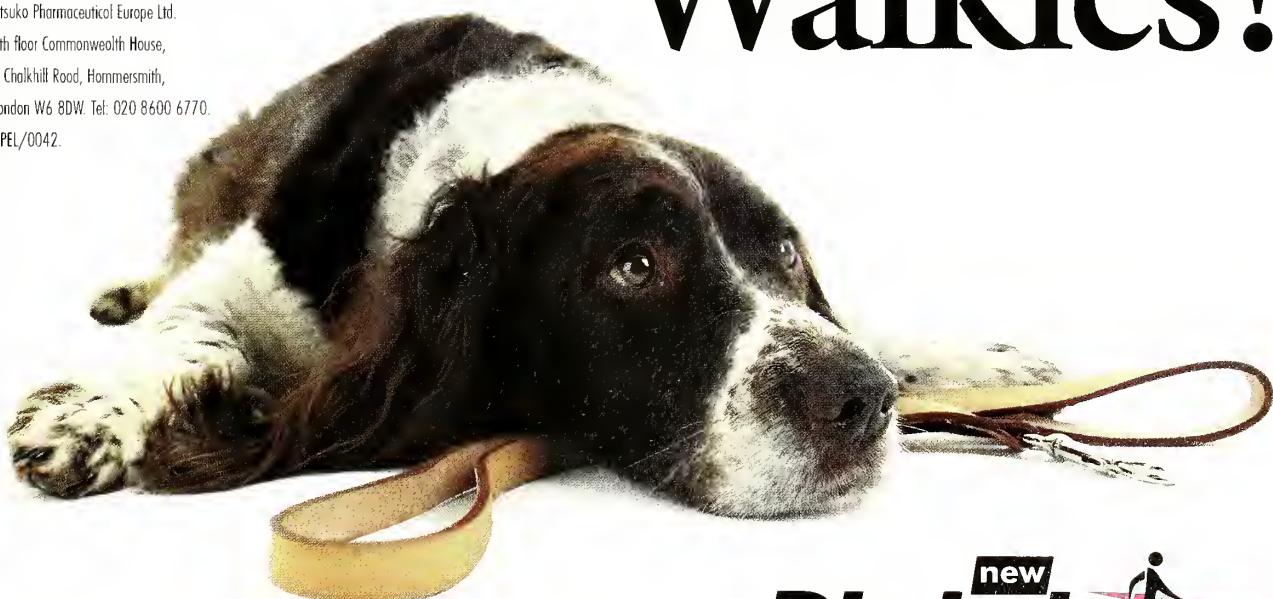
POM

Date of preparation: May 2002.

Further information is available on request from:

Otsuka Pharmaceutical Europe Ltd.
9th floor Commonwealth House,
2 Chalkhill Road, Hammersmith,
London W6 8DW. Tel: 020 8600 6770.
OPEL/0042.

Walkies!



 Otsuka Pharmaceuticals

new
Pletal cilostazol 

GETTING INTERMITTENT CLAUDICATION PATIENTS BACK INTO CIRCULATION

The only way is

Although all men will experience difficulty with erection at some time in their lives – due to anxiety, fatigue, alcohol or all three – it is important to note that Erectile Dysfunction is a persistent problem.

Not all men suffering from ED will bother to seek treatment. However, for others it is a major concern leading to emotional distress, loss of intimacy, relationship conflict and breakdown.

Erectile Dysfunction is defined as “the consistent inability to attain and maintain an erection sufficient for sexual intercourse”.

Erectile Dysfunction is a more specific term than impotence, which may include problems associated with libido, ejaculation or orgasm.

Incidence

An estimated 150 million men worldwide suffer from ED.

The Impotence Association estimates that 1 in 10 UK males over the age of 21 (approximately two million men) suffer from ED at some point in their lives.

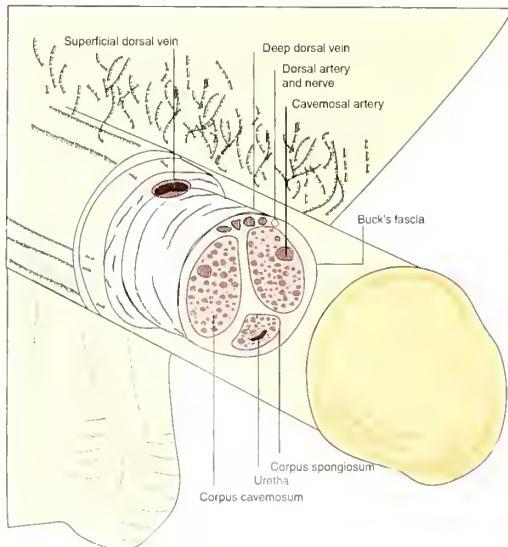
ED is likely to become more common as the UK population ages. Although not an inevitable consequence of ageing, ED is associated with medical conditions that become more common with age, such as diabetes and cardiovascular disease. For example, more than 50 per cent of all cases of ED are caused by atherosclerosis. Half of all men who have had diabetes for more than 15 years will have ED.

Causes

ED should be considered a symptom of an underlying condition, not a diagnosis.

Around 75–80 per cent of ED cases

Cross sectional representation of the penis



Whatever the physiological or psychological causes, Erectile Dysfunction is a symptom, not a diagnosis, says **Vanessa Sherwood**

are caused by physiological conditions and 20–25 per cent psychological factors. However, both factors play a part in many cases of ED.

Physical causes of ED include:

- **vascular causes** – a lack of blood entering or remaining in the penis to facilitate the erection process. Risk factors are smoking, hypertension, diabetes, cardiovascular disease and alterations in cholesterol levels
- **neurological causes** – spinal injury, disease or radical pelvic surgery can affect nerve supply to the penis
- **medication** – drugs to treat hypertension, cardiac disease and psychiatric disorders can interfere with the ability to get an erection.

Psychological causes include anxiety, guilt and depression. Stress of any kind may disrupt sexual performance.

Men presenting with ED to their GP for the first time should be screened for diabetes and have their blood pressure measured. A genital examination to check for signs of hypogonadism, Peyronie's disease or trauma should also be carried out.

Management

General health issues should be addressed in men with ED before specific treatments are prescribed. This should include advice on reducing smoking and alcohol intake, and weight reduction.

In patients suffering from chronic diseases such as diabetes or hypertension it is important to ensure the disease is well controlled. Long-term medication should be reviewed to check that drugs with a high probability of causing ED are avoided and alternatives prescribed wherever possible.

As psychological factors have a part to play in many cases of ED, couples can benefit from psychosexual therapy. A review of all studies published since the early 1970s has shown therapy to be of benefit in 50–80 per cent of cases. However, successful therapy depends on the motivation of the patient, and his partner, in working with the therapist to understand the causes of ED.

Drugs commonly causing Erectile Dysfunction

- **Cardiovascular drugs** – thiazide diuretics, beta-blockers, ACE inhibitors, digoxin, fibrates and statins
- **Gastro-intestinal drugs** – H2 antagonists, metoclopramide
- **Psychotropic agents** – Selective serotonin re-uptake inhibitors, tricyclic antidepressants, MAOIs, carbamazepine
- **Recreational drugs** – Marijuana, cocaine, amphetamines

Mechanism

Arousal causes neuronal impulses to trigger the release of nitric oxide (NO) from the neurons in the corpus cavernosum. NO activates the enzyme guanylate cyclase resulting in increased levels of cyclic guanosine monophosphate (cGMP). cGMP relaxes the vascular smooth muscle of the arterioles in the corpus cavernosum, allowing increased blood flow and erection.

cGMP is broken down in the body by the enzyme phosphodiesterase-5. Sildenafil (Viagra) is a PDE-5 inhibitor which increases levels of cGMP in the corpus cavernosum.

There are 11 phosphodiesterase (PDE) enzymes in the body but PDE-5 is the predominant one in the corpus cavernosum. PDE-5 is also found in vascular and visceral smooth muscle.

Drug treatment

Sildenafil was the first selective PDE-5 inhibitor and oral treatment for ED. PDE-5 inhibitors have structural similarity with cGMP and compete with it at the catalytic site of PDE-5.

Side effects of sildenafil are due to effects on PDE-5 in other systems, eg vascular smooth muscle. Headache, flushing, rhinitis and dyspepsia are all consistent with increased smooth muscle relaxation and vasodilation. Transient visual symptoms (colour tinges) are due to the inhibition of PDE-6 in the retinal photoreceptor cells.

up

Other PDE-5 inhibitors under development include vardenafil, a joint marketing venture of Bayer and GlaxoSmithKline which is similar in structure to sildenafil. Eli Lilly is developing tadalafil. Early studies have found that the absorption of tadalafil is unaffected by food and it has a longer half-life than sildenafil.

Apomorphine (Uprima) is the second treatment licensed for the treatment of ED. It is a dopaminergic agonist that enhances erectogenic signals arising in the hypothalamus. In the majority of patients who respond to apomorphine, erection is facilitated within 20 minutes of a sub-lingual dose.

Research has shown that the chances of achieving a successful outcome with either sildenafil or apomorphine increases with the number of attempts and patients should be encouraged to persevere at the starting dose level, even if the first attempts are unsuccessful. Sildenafil and apomorphine will only produce an erection in the presence of sexual stimulation, unlike alprostadil (Caverject, Viridal Duo) which induces erection following intracavernosal injection. Despite being the most effective therapy for ED, patients find self-administered injections less acceptable than oral therapy.

Alprostadil pellets inserted into the urethra (Muse) is the least effective treatment pharmacologically, but may be more acceptable than the injections when first line oral therapy has failed. Androgen supplements are necessary unless there is associated hypogonadism.

vacuum devices

Vacuum therapy is suitable for a wide range of patients irrespective of the cause of ED. The vacuum device produces an erection which is maintained by applying a restriction ring to the base of the penis to prevent the blood flowing back out. It should be avoided by men with bleeding disorders and those taking anti-coagulation therapy.

Owen-Mumford's vacuum device (apart) has been listed in the *Drug tariff* from the beginning of April (ED, April 6, p32). Although classified as an appliance in Part IXA of the *Drug tariff* it is subject to the same prescribing restrictions as other treatments for ED in England. Prescriptions must be endorsed "SLS" and only prescribed where the man suffers from a listed condition.

surgery

Penile prostheses are considered a treatment of last resort. They may be

Side effects

In 1986 researchers at Pfizer decided to focus on the enzyme PDE-5 to try to discover a better treatment for angina. Three years later they found a chemical entity that looked promising: UK-92.480, to become known as sildenafil citrate. In 1992 volunteers in phase one multiple-dose trials reported an increased tendency to get erections.

Sildenafil's beneficial effects in angina were mild and two researchers lobbied to further study the drug for the treatment of ED.

Trials began in Bristol in 1994 and Viagra was launched in the UK in 1998.

used in patients whose ED has a physiological cause where the man is failing to respond to, or is unable to continue with, other forms of treatment. They are suitable for men whose ED is caused by Peyronie's disease, post-injection fibrosis or severe penile vascular disease. However, prostheses are associated with high risk of infection.

Arterial revascularisation, or surgery for venous incompetence, may be appropriate for a very small minority of patients who have congenital or acquired vascular problems.

Risky sex?

Although there is a small degree of cardiovascular risk associated with sexual activity in the general population, the risk in men with a history of stable cardiac disease is no greater, and is decreased by regular exercise.

Assessment of the patient's usual physical activities is a guide to assessing their ability to engage in sex without triggering a cardiovascular event.

Patients at intermediate or high risk of CVD should not be managed in primary care but receive specialist cardiovascular assessment before treatment for ED is started.

The British Heart Foundation has produced a short video for patients and health professionals, *Sex and Heart Disease*, which dispels many myths.

For more information:

BHF

Tel: 020 7935 0185.

Peyronie's disease

In Peyronie's disease a fibrous plaque that affects the fibrous covering of the erectile tissue on one side of the penis causes the penis to bend. The bend, only noticeable during erection, may be to the left or right but is most often upwards.

It is a condition that becomes more common with age, mostly affecting men aged 50-60 years and develops over a couple of months.

Peyronie's disease is painful, due to inflammation in the affected area and the pain may be a cause of ED. Alternatively the bend

may be so severe that it physically prevents intercourse.

Treatment is controversial as there have been few properly conducted trials but, apart from rest, a three-month course of antioxidant vitamin therapy, such as Vitamin E may help. Tamoxifen and non-steroidal anti-inflammatory drugs may be useful in more persistent cases.

Congenital curvature can also occur and few men have a penis that is perfectly straight. A gentle bend should not cause problems.

Laid back Britons

The British population is becoming more tolerant of changing sexual habits, according to the UK National Survey of Sexual Attitudes and Lifestyles (NATSL). This survey of people aged between 16 and 44 was carried out among 14,000 respondents in 1990-1991 and 11,000 10 years later.

In 1990, about one in four men and a third of women believed that gay male sex was rarely, or not wrong, at all. By 2000, more than 42 per cent of men and just under 60 per cent of women felt this way.

Acceptance of one-night stands was also more widespread at the beginning of the 21st century, particularly among women. Almost 19 per cent thought it was rarely, or not, wrong at all compared to eight per cent 10 years earlier. However, this was still a long way behind men, 37 per cent of whom approved in 2000.

Both men and women were more likely to report homosexual experiences themselves, analysis of the research suggests.

- A series of three population-based surveys in France revealed that women are seven times more likely than men to admit a sexually transmitted infection to a partner.

The findings, irrespective of age or type of infection, showed that 14 per cent of men had not told their main partner about an STI compared to two per cent of women. The authors conclude that the findings are particularly worrying for women as they are most likely to have symptomless STIs.

The US Centre for Disease Control recommends informing any sexual partner in the two months preceding a diagnosis of chlamydia or gonorrhoea, or the last sexual partner if more than 60 days have elapsed.

Schools are failing at sex education

Schools may be teaching children the factual aspects of human reproduction but are often failing to cover parenthood, relationships and the prevention of sexually transmitted infections, according to a recent OFSTED report.

Sex and Relationships, published at the end of April, acknowledged the importance of reducing teenage pregnancy, but Her Majesty's Inspectors said this was not the only purpose of sex and relationships education (SRE).

To improve the quality of SRE schools should:

- include the development of pupils' values, attitudes and personal skills
- pay more attention to covering the prevention of STIs
- provide teachers with more advice on content and methods for teaching about parenthood and sexuality
- provide more advice for parents – especially fathers – to help them talk to their children about sex and relationships
- local education and health authorities should consider how pupils can have better access to advice from specialists at school.

Teenage magazines were identified by the survey as being an important source of information for children.

● www.ofsted.gov.uk

Meet the world's sexiest couple



Jennifer Aniston and Brad Pitt were voted the world's sexiest couple in the Durex Report 2002, with 30 per cent of the British voting for them. This compares to only 13 per cent voting for Britain's favourite "royals" – Posh and Becks.

Other statistics revealed by the survey include:

- women would rather go out with their friends than have sex
- people in the South and South West are most likely to have sex with a stranger
- men think about sex four times more often than women – 20 times a day compared to five for women
- a jacuzzi, spa or hot tub is where most Britons would like to have sex.

Teens remember EHC time limit

Teenagers may remember instructions about emergency contraception longer than might be expected, a *BMJ* report suggests.

After six months, teenagers who received a single lesson from a trained teacher were more likely than other students to know the correct time limits for post-coital hormonal contraception, or intrauterine devices.

The lesson did not increase pupils' sexual activity or use of emergency contraception, says the report. "This is important, given the ongoing debate on the effects of sex education and the argument that promoting the use of contraception encourages sexual activity."

"Educating teenagers on the time limits for use of emergency contraception after unprotected sex is more likely to have an impact on behaviour than, say, encouragement to use a condom."

For more information:

www.bmjjournals.com

BMJ Vol 324 pp1179-83

Give the kids what they want

Pharmacists may need to use promotional materials that would not necessarily be their first choice in order to get sexual health messages across to teenagers.

Professor Roger Walker, director of pharmaceutical public health for Gwent Health Authority, pointed this out to pharmacists attending the AAH conference in South Africa earlier this year.

Pharmacists were happy to display the informative but relatively dull poster (inset), while teenagers found the more humorous poster more appealing.



Girls night out?

May we suggest a little see-through number

Discreet chlamydia tests for teenagers

Eight pharmacies in Lothian will be taking part in a scheme to help reduce the incidence of chlamydia in teenagers.

Free postal testing kits for the disease will be offered to teenagers, initially from record shop Fopp. But over the next 18 months the scheme

will be extended to pharmacies and other retailers, the Scottish Executive announced on Monday.

Young people will be able to pick up the urine testing kit from the outlets and post their sample to a laboratory.

They can then receive their result by e-mail, mobile telephone or post seven to 10 days later. Those with positive results will receive follow-up advice, support and referrals.

The scheme is organised by Healthy Respect and is run through further education colleges.

inSpiral™ I Condom... The World's First Ultra-Frictional, Spring-Action Design

The most talked about condom is now available to independent pharmacies



CURVES INSPIRE

The inSpiral™ I Spring-Action Condom has Received International Acclaim...

Rated No.1 By Cosmo Magazine!

US Cosmopolitan, December, 1998

Dr. Reddy Is The Leonardo Of Condom Designers.

The New York Times, April 1999

... The Volumised Tip Gives Ultimate Stimulation For Both Partners, 10/10.

Maxim, October 2000

...It Felt A Lot Like I Wasn't Wearing A Condom At All.

Men's Health, May 2000.

Is This The Ultimate Condom ?

Daily Mirror, February 2000.

If Your Partner Doesn't Have Orgasms, Then Try Inspiral.

Mens Health, September 2001

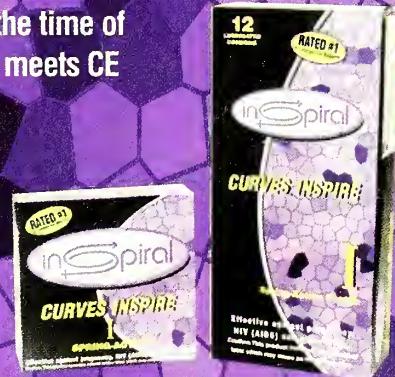
The New Wave Condom.

Marie Claire, May 2002.

inSpiral™ I lubricated Condoms have a patented spring-action design which promotes comfort and enhances the stimulation of both partners.



The inSpiral™ I Spring-Action Condom is extremely strong and durable while being thin and "skin-like". Each condom is carefully tested to exact specifications at the time of manufacture and meets CE standards.



inSpiral™ I Three Pack RRP: £2.99

inSpiral™ I Twelve Pack RRP: £9.99

Shouldn't you stock inSpiral™ I Condoms ?



Condomi offers clearer choice

Condomi condoms have a new look with bright, colour-coded packaging featuring contemporary lifestyle images.

Easy to understand "pictograms" on the packs clearly show whether each variant is teat-ended, extra thin, ribbed and studded, lubricated, flavoured or contains a spermicide.

Research shows that embarrassment is often one of the main reasons young people are reluctant to buy condoms, according to Condomi Health. The company aims to target today's sexually active youth market in a way that is not condescending, but maintains the discretion and ease of purchase most young people want when buying condoms.

For more information:

Condomi UK
Tel: 01628 781432.

Women still rely on the pill

One in five women aged 18-54 uses the pill as her main method of contraception, according to Mintel consumer research.

However, the use of the female pill, although now static, has declined from earlier years, possibly because of health scares over its long-term use.

Around 16 per cent of women would prefer to use non-hormonal methods of contraception if they could be assured they had the same reliability as the pill. A quarter of women think the pill is more reliable than condoms, which are used by 18 per cent of women of this age group.

Condom use has increased although there are concerns that some younger people have become blasé about the dangers of STDs and HIV. Mintel suggests this is because people believe the development of successful drugs to treat disease means there is no longer the same cause for concern.

For more information:
www.mintel.com

Get into peak condition

Nutricia launched Sundown ArginMax herbal products for male and female sexual fitness in the UK earlier this year. The two nutritional supplements from the USA are currently being supported by a PR campaign in the regional press.

The key ingredient in both products is L-Arginine which is responsible for the production of nitric oxide in the body. Arginine is also required for the manufacture of sperm and is found in

high concentration in seminal fluid.

The supplements also contain ginseng, ginkgo biloba, vitamin C and E, antioxidants for the reproductive process, B vitamins, selenium and zinc. Both products retail at £19.99 for 90 tablets.

Point of sale material is available for pharmacies.

For more information:
Nutricia Ltd
Tel: 0870 759 4003.



A Special

Quail



Breaking down taboos about penile thrush

Earlier this year fluconazole was licensed for pharmacy sale for the treatment of "associated balanitis" (penile thrush).

The recent change in indication means that men showing symptoms of thrush can now use Diflucan One oral thrush treatment alongside their female partner.

Although the incidence of balanitis is lower than vaginal thrush, men displaying symptoms should treat the condition, as they may re-infect their partner.

The main symptom of penile thrush is inflammation, redness, and irritation around the head of the penis (glans), which can become itchy and sore.

An educational leaflet is available from Pfizer Consumer Healthcare to help pharmacists inform men about penile thrush and reduce the embarrassment surrounding the condition.

For more information:

Pfizer Consumer Healthcare
Tel: 023 8064 1400.

Liquid assets for K-Y

A liquid personal lubricant has been added to the K-Y range in the UK.

K-Y Liquid is a water-based lubricant containing glycerine. The formulation is odourless, non-sticky and will not dry out. Retailing at £4.99 for 70ml, it is clean rinsing and safe to use with condoms.

The product is already established in the USA where it was introduced five years ago and now has a 7.1 per cent share of the total lubricant market. Liquid lubricants are the fastest growing segment of the American market.

Dryness during sex is more common than most people think. 51 per cent of women say they have experienced it at one time or another according to Johnson & Johnson.

● K-Y Jelly has been repackaged in a more aesthetically appealing tube with a less medicinal look. The formulation remains unchanged.

For more information:

Johnson & Johnson Ltd
Tel: 01628 822222.



SSL backs the easy-on Durex message

SSL International is backing its new easy-on Durex message with a national TV campaign on June 10 for seven weeks.

Following on from last year's Durex campaign, the humorous commercial features hundreds of sperm characters and the rapline "Durex – for a hundred million reasons".

Terrestrial TV advertising on Channel 4 and Channel 5 will be a "first" for the Durex brand and satellite advertising will include ITV, E4 and Sky.

Durex Elite, Gossamer, Featherlite and Extra Safe were all recently redesigned with a new "easy-on" shape to make them easier to use and to provide a better fit and feel. The

"easy-on" design is highlighted in yellow on the packaging.

● The 2002 Durex Report found that 52 per cent of people prefer to buy condoms from pharmacists despite increasing availability from other retailers.

Amanda Tucker, Durex brand manager, says: "These findings reflect the important role pharmacists play in the community in supplying information to people about sexual health."

Pharmacies can order a free copy of *Sexual Health: Training Resource and Consultation Guide* which is continually updated and includes information on sexually transmitted infections.

Vaginal lubricant in a pessary

A vaginal lubricant in a pessary form is now available to UK pharmacies.

Lubrin vaginal inserts are designed to alleviate vaginal dryness and provide prolonged lubrication.

The uncoloured insert is unscented, non-staining and non-messy. It comes in two sizes (rsp £3.85 for five, £6.60 for 10) and can be used in conjunction with condoms and diaphragms.

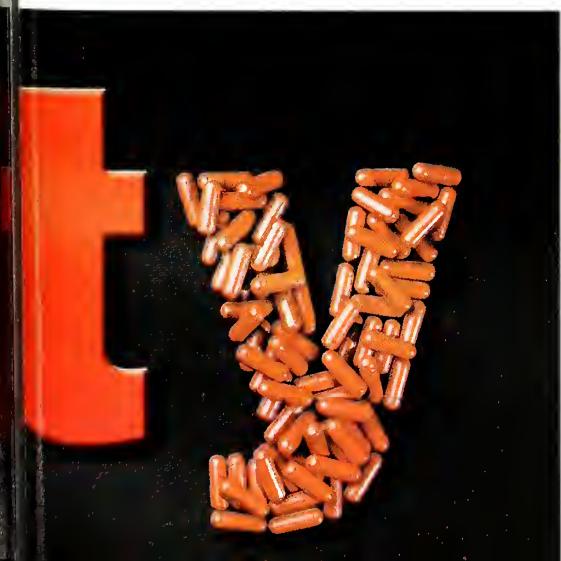
For more information:
Torbet Laboratories Ltd
Tel: 01603 735200.

Improving quality is one of the key principles of the NHS Plan. At BCM Specials we share that commitment to providing the highest standards of product and service quality. Continually improving these standards requires ongoing investment in facilities, people and systems. This year will be no exception with even more investment designed to further improve the value of our specialist service to pharmacies and the NHS.

Why not experience our special quality for yourself



wwwbcm-specials.co.uk





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Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.

Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>

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The taxable profit after all business expenses was approximately £85,000

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This couple are in their late thirties assuming they continue with the business for 20 years their overall tax savings will be:

Tax saving for the 1st year £9,000

Tax savings for the next 19 years @ £8,000 x 19 £152,000

Total tax savings over a 20 year period £161,000

Had this partnership been a sole trader the tax savings would have been even more.

Please call for more information or for a free consultation.

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FIFA bags WHO award and Pele is into erection problems

We have been struggling to come up with something to link pharmacy with the World Cup and all that, but the three day week imposed by the Jubilee weekend shortened deadlines and curtailed the time available for imaginative thought.

If anyone can come up with anything better than the three items below, we'd love to hear from you but, in the meantime, you might be interested to hear the World Health Organisation's highest tobacco control award (no less) went to FIFA, the world footballing body, on May 28 in recognition of its decision to declare the 2002 World Cup tobacco-free.

FIFA joins a select crew which includes the King of Thailand, the South African foreign minister and the former attorney general of Minnesota, USA.

So there is no tobacco advertising at World Cup venues, cigarettes will not be sold at games in Korea or Japan, and there will be no smoking in public areas (but has anyone explained this to the thousands of nicotine addicts among the fans of all nations?)

Our thanks to Claire Phillipot, the indefatigable PR for Norton – whoops, sorry – Ivax, for the visual link. The former England



Richard Featherstone, marketing manager, clinical and market access, Ivax Pharmaceuticals, discusses asthma tactics with former England footballer Ian Wright

player Ian Wright paid a celebrity visit to the company in May. Ian has been an asthma sufferer since childhood so he knows a thing or two about inhalers.

And a late effort from Pfizer, just creeping in before the final whistle, headed "Pfizer helps raise awareness of erection problems".

The legendary football star is partnering Pfizer in a global campaign to destigmatise erection

problems. Legendary in this case means those old enough to have a problem will remember him, as opposed to later legends like Maradonna.

The campaign kicked off on June 1 with ads in national media and TV. Call 0845 078 9999 for your info pack on erection problems. After umpteen cans of lager it could be a useful item for your average soccer fan.

It's Show Time

The boys on *I'm sorry I haven't a clue* have followed the success of "Late arrivals at the pharmacists ball" with song titles that might appeal to high street chemists.

On this week's *ISIHAC*, on Radio 4, the team suggested some songs you may be familiar with. These included such delights as:

- "Ibuleve for every drop of rain that falls..."
- "The trapped wind beneath my wings"
- "Super kaolin, styptic pencil, Exlax and some douches"
- "Enema Rigby"
- "I'm Vaseline on a lampost"
- "Suppository in motion"; and
- "I get my syrup of figs on Route 66".

It was surprising that the team overlooked "These Boots are made for walking".

We think it's time for a competition, as suggested by the show. A bottle of champagne for the best suggestion of titles for the pharmacist's song book.

To start you off, here are a few more offerings:

- "I'd lacticose the world to sing"
- "Canula in the wind"
- "I gotta wash those lice right outta my hair"
- "It's been a hard Day & Night Nurse"
- "The girl from ipecacuanha";
- the Bee Gees disco anthem, "Tragacanth".

Suggestions either to *C&D*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW, or e-mail *chemdrug* @*cmpinformation.com*.

ISIHAC is broadcast on Sunday at noon and Monday at 6.30pm.



The winners of the Pharmacia Awards at the Scottish Specialists in Pharmaceutical Public Health meeting in Glasgow last week (from left): Rhona Wilson (Royal Alexandra Hospital, Paisley), Graeme Doherty (Gartnavel General Hospital, Glasgow), Howard Tebby, business development manager, Pharmacia, and Alice Boyle (Western General Hospital, Edinburgh)

Crookes demolished

They knocked down the Crookes building last week. No, we are not talking about the delightfully named D80 Building, Thane Road, Nottingham, but the original article in Basingstoke.

Completed in 1963, the six-storey building stood on the corner of Houndsmill Road and Telford Road (for those of you intimate with the delights of Basingstoke).

The founding father of Crookes, as all good pharmaceutical historians know, was Sir William Crookes, a chemist and physicist who inherited a fortune while lecturing at Chester College and decided to carry out private research into electricity and other fields.



Renata Boyle, a pharmacy assistant at Shelf Pharmacy, Carr House Road, Halifax, won the second stage of the Care Pharmacy Assistant competition, organised by Thornton & Ross. She was presented with a leather briefcase by David Dunn, of Thornton & Ross.



The Original... just got better!

Counterpart has been improved and updated

The Cambridge Counterpart course, which has trained over 1,000 pharmacy assistants, has been re-designed and updated to make it even more relevant to today's counter staff. It remains easiest to use and best value training course.

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The continued success of Cambridge Counterpart is made possible by the ongoing support of Wyeth Consumer Healthcare.

How to register

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Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



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Pharmacy

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Course registration fee of £35.25 per person

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Name	£
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Name	£
------	---

Name	£
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Sub total	£
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Please include () sets modules at £23.50 each	
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£

Total	£
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All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

**For further information, or
to make a credit card payment,
contact Mary Prebble on
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